CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF VITAL STATISTICS

DEATHS

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

KP 23007

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval: Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A	B.	C.
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ] To be sold as scrap or waste paper	[X] To be Burned or shredded	[ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Prints & 1 positive for hospital

C. P. Force Records Management Officer 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT OF LEGISLATIVE REFERENCE

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HALTIMORE DEPARTMENT OF HEALTH APR 10 1879

Permit No. 31501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Loeckel

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 3 *Years,* 10 *Months,* — *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 94 Eastern av.

Cause of Death, {First (Primary,) Scarlatina

Second (Immediate,) Diphtheria (Septicaemia).

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 11th 1879

Undertaker, Peter Frey

Place of Business, 91 Eastern ave

Dr Vatterauld M.D.

Medical Attendant.

Address. 137 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Printed Notice, [illegible]

Board of Health, City of Baltimore,

Permit No. 31502

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 10 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Bohn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, white *Sex,* female

Married, ~~Single, Widow or Widower;~~ {Cross out the words not required in this line.}

Occupation, housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N 177 Harford Ave

Cause of Death, First (Primary,) Mitral insufficiency (heart disease)

Second (Immediate,) Apoplexia cerebri

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, April 10, 1879

Henry Salzer M. D.
Medical Attendant.

Undertaker, Keane & Keech

Place of Business, 309 Central Ave Address 165 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 31503

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31503

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 10 1899 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 9 99

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gus Braun

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cabinet Maker

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number} 1 E Cor Eutaw & Lanvale

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Home

Date of Burial, Friday April 14th 1899

W. Eastman M. D.
Medical Attendant.

Undertaker, Conrad Kunkel

Place of Business, No 60 Lafayette ave, *Address,* 329 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1916 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7 1916

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert Peele

Sex, Male ~~or Female~~, {cross out the word not required in this line.} M

Age, ... *Years,* ..... *Months,* 1 *Days.* 18

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give street and number} 210 Ramsay St

Cause of Death { First, (Primary,) Marasmus
Second, (Immediate,)

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, 4/10

Undertaker, C W Pegram

Place of Business, 201 Ramsay

W Reese Mc M. D.
Medical Attendant.

Address, 1 South Mar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 186

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 10 1879 BALTIMORE

Permit No. 31505

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William E. Ritterhoff

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 9 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} № 265 Light St

Cause of Death, First, (Primary,) Scarlatina Malignant

Second, (Immediate,)

Duration of last Sickness, 3 Days 8

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 11th 1879

Undertaker, Anthony & Denny

Place of Business, 263 Light

H B Noble M. D.
Medical Attendant.

Address, 17 Hanover Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31506

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. APR 10 1879 BALTIMORE

Permit No. 31506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary O. Lewis

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, 54. *Years,* ~~ ~~ *Months,* ~~ ~~ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation, ~~ ~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queen Anns County Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 201 William St

Cause of Death, First, (Primary,) Pneumonia,

Second, (Immediate,) Phthisis

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Queen Anns Co Md

Date of Burial, April 11th

Undertaker, B Hall

Place of Business, 121 Light St

D. O'Hanneglon M. D.
Medical Attendant.

Address, 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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[OVER.]

No. 11

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31507

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 10 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John F. Carroll

Sex, Male ~~or Female~~, { cross out the word not required in this line. } Male

Age, / *Years,* 6 *Months,* _____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married Single Widow or Widower~~

Occupation, ~~_____~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, ~~_____~~

Place of Death, { Give street and number } No 102 Battery Av

Cause of Death, { First, (Primary,) _____ Second, (Immediate,) Convulsions

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Bull Cemetery

Date of Burial, April 11 79

H. B. Noble M. D.
Medical Attendant.

Undertaker, Andrew Bruce

Place of Business, 163 E Pratt *Address,* 67 Hanover Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3150[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 10 1879 BALTIMORE

Date of Death, April 10. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John. Thomas

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 74 *Years,* ____ *Months,* ____ *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, Farmer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Charles Co Md

Duration of Residence in the City of Baltimore, Five weeks

Place of Death, { Give street and number } 47 Lanvus alley

Cause of Death, { First, (Primary,) Cerebro Spinal Meningitis. Second, (Immediate,) ____

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery No 1

Date of Burial, April 10 th 1879

J Shotwell Hill M. D.
Medical Attendant.

Undertaker, John C Gordon

Place of Business, 63 York Ave

Address, 432 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Harvard 737

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 9th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm B Underwood

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 42 *Years,* 6 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Widower~~ Married

Occupation, Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} No 249 N. Eden St

Cause of Death, First (Primary,) Softening of Brain

Second (Immediate,) Convulsions & Coma

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, 11th April

Undertaker, Frey & Bro.

Place of Business, 54 Broadway

J H Bottom *M. D.*

Medical Attendant.

Address S E Cor Eq & Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 31510.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Collins Shehady

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Gr. John & Eden

Cause of Death First, (Primary,) Pneumonia with abcess

Second, (Immediate,) Measles Patient on a previously debilitated subject.

Duration of last Sickness, 3 1/2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 11th

Undertaker, Geo Schilling

Place of Business, Highland & Lyman

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 3157

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias Yerkaw

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.} Male

Age, Twenty Four *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, Sixteen Years.

Place of Death, {Give street and number.} 1018 Constant

Cause of Death, {First (Primary,) Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 12 April 3 O'clock P.M.

{*Undertaker,* Geo C Rodemeyer

Place of Business, 38 Eutaw Street} *Address* 133 N. Eutaw St

A P Pleasants *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31572

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April the 9 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Albert Connelly

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ~~Years~~, 8 *Months,* 11 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, X

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 1 Parry St

Cause of Death, First (Primary.) Scarlatina Maligna Fever

Second (Immediate,)

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, April 11th 1879

Undertaker, Armiger & Penn

Place of Business, 263 Eighth St

Kirkus M. D.
Medical Attendant.

Address, N 536 Davis St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37873

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

Date of Death, April 9 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard E. Pickerson

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 5 McCabe Sh

Cause of Death, First, (Primary,) Croup

Second, (Immediate,) ____

Duration of last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, April 12th 1879

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

R. O. Harrington M. D.
Medical Attendant.

Address, 321 Light Sh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31514

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Nagengast

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* *Months,* 23. *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Beer Brewer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germania.

Duration of Residence in the City of Baltimore, 20. Years

Place of Death, {Give street and number.} Nat Green N 370 Pearce St.

Cause of Death, First (Primary,) Phthisis pulmonalis

Second (Immediate,) Marasmus

Duration of Last Sickness, 4 Years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, April 12

Luke M. Pratt M. D.
Medical Attendant.
No. 88. E. Fayette St.

Undertaker, Walter Immel *Address*

Place of Business, 252 Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 91

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31515

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Moore

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 69 *Years,* 2 *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, About 51 years

Place of Death, {Give street and number} No 214 Dolphin St.

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) Sixteen (16) Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, April 11th 1879

Undertaker, Chas T Scriven

Place of Business, 2711 Eutaw St

A. E. Shriver M. D.
Medical Attendant.

Address, 379 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 3

Board of Health, City of Baltimore,

Permit No. 31576

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Peter Mueller

~~*Sex,* Male or Female,~~ {cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Editor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} S. W. Corn of Lombard & Holliday Sts

Cause of Death First, (Primary,) Anaemia Sacra progressiva paralysis

Second, (Immediate,) Paralysis cordis

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 12th 1879

Undertaker, Kendall Bippel

Place of Business, 151 S. Broadway

J. Mathieu M. D.
Medical Attendant.

Address, 245 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31517

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie B. Hall

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} F.

Age, 21 *Years,* ..... *Months,* ..... *Days.*

Color, W.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 326 N. Caroline St

Cause of Death {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, April 11, 1879

H. T. Reynolds M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N Gay St *Address,* 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31518

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Hallett Townsend

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 74 Years, 10 Months, 6 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sec Shepherd Asylum & Union Mfg of Md

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 27 W Eager st

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Typhoid Fever

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 12th April 1879

Undertaker, H.H. Jenkins & Son

Place of Business, 16 Light st

Thomas Shearer M. D.
Medical Attendant.

Address, 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31519

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith E. Wiekins

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} N. E. Corner of St Paul & Biddle

Cause of Death { First, (Primary,) Hooping Cough
Second, (Immediate,) Congestion of the Lungs

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 12th April '79

Undertaker, H W Jenkins & Son

Place of Business, 16 Light St.

Thomas Shearn M. D.
Medical Attendant.

Address, 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 31520

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Burley Orme

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, One (1) *Years,* Three (3) *Months,* Twenty Six (26) *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City of Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } No 138 Scott St

Cause of Death, First, (Primary.) Dentition

Second, (Immediate,) Cerebral Congestion

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, April 13th 1879

Undertaker, John F. Andrews

Place of Business, Cor. Druid Hill Ave.

Jno. F. Bore M. D.
Medical Attendant.

Address, 138 Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31521

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen I. Callahan

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 15 *Years,* 11 *Months,* 28 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number} 123 Mulberry st

Cause of Death {First, (Primary.) Brights disease

{Second, (Immediate.)

Duration of last Sickness, Four months and two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 12th 1879

Thomas Shearn M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 145 N Gay St *Address,* 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 31522

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 1879 BALTIMORE

Date of Death, April 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Grant & Eliza G. (Parents)

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ~~——~~ *Years,* ~~——~~ *Months,* 4 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 281 N. Eutaw St.

Cause of Death, First, (Primary.) Premature Birth — (8 mos)

Second, (Immediate.) Inanition

Duration of last Sickness, all. it's life

All the above information should be furnished by the Physician.

Place of Burial, Stark St. Cemetery

Date of Burial, April 11 1879

Undertaker, W. H. Maddux

Place of Business, 335 N. Howard

James H. Steuart M. D.
~~Medical Attendant~~

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

No.

Board of Health, City of Baltimore,

Permit No. 31523

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 10 1879 BALTIMORE, MD.

Date of Death, April 10 th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jennie Reinike

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 18 *Years,* *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } 83 Mulberry St.

Cause of Death, { First, (Primary,) Phthisis

Second, (Immediate,) Pulmonales (acquired)

Duration of last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemtry

Date of Burial, April 13th

Undertaker, Henry Meyer

Place of Business, 106 N. Howard St.

DR. J. H. SMITH. APR 10 1879 BALTIMORE, MD.

M. D. Medical Attendant.

Address, 188 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[0744.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

Permit No. 31524

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, April 11th 1879

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Av

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 31525

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lettie Wallace

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, Years, 14 Months, Days

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 10 Chestnut St

Cause of Death, {First (Primary,) Acute Pneumonia

{Second (Immediate,) Exhaustion

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 11 1879

Undertaker, William H. Tingle

Place of Business, 62 East St

Samuel S. Belt M.D.

Medical Attendant.

Address, 134 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31626

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Bond

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One *Years,* two *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} No 14 East St

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) Convulsions

Duration of last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 11th 1879

Whitefield Wines M. D.
Medical Attendant.

Undertaker, Headley & Peake

Place of Business, 73 Jefferson St *Address,* 116 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31527

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A Postley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carlisle, Pa

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 27 Wilkins Ave

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery Dr. E. Blagette M. D.

Date of Burial, April [redacted] 13 Medical Attendant.

Undertaker, J B Cook

Place of Business, 709 W Baltimore *Address* 18 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 31528

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Rittler

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 59 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 14 Willings Court (near Eutaw St)

Cause of Death First, (Primary,) Parenchymatous Nephritis (Bright's Disease)

Second, (Immediate,) Uremia

Duration of last Sickness, Four (4) Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cemetery

Date of Burial, April 12th 79

Undertaker, Henry Hoech

Place of Business, 309 N. Canal St

J. W. Sloan M. D.
Medical Attendant.

Address, S.E. Cor Bayard & Fort Streets

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, [illegible]

Board of Health, City of Baltimore,

Permit No. 31529

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

Date of Death, April 11th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richd J. Brannin

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 29 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Butter Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, all

Place of Death, {Give street and number} 243 S. Charles St.

Cause of Death First, (Primary,) .....

Second, (Immediate,) Phthisis Pulmonalis,

Duration of last Sickness, 4 months, confined to Room,

All the above information should be furnished by the Physician,

Place of Burial, Mt. Olivet

Date of Burial, April 12th, 1879

Undertaker, Armstrong & Dean

Place of Business, 245 Light St.

R. J. H. Tall, M. D.
Medical Attendant.

Address, 152 E. Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 31530

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. APR 12 1879 BALTIMORE

Date of Death, April 11th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Hartney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* 7 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick City

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number.} 313 W Pratt St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician

Place of Burial, Balto=Cemetary

Date of Burial, 13th of April 1879

I G Womble M. D.
Medical Attendant.

Undertaker, Ph. Seawald

Place of Business, 35 S. Eutaw St *Address* 203 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The S...

Board of Health, City of Baltimore,

Permit No. 31331

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

Date of Death, April 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Nichols

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 139 E. Biddle st

Cause of Death {First, (Primary,) Tubercular Consumption

{Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 13th 1879

Undertaker, The O. Locke

Place of Business, Jefferson St *Address,* 1 Broadway

W. E. Purnell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31132

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Wilms,

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 57 *Years,* 11 *Months,* *Days*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper & Liquor Dealer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Gundhausberg, Bavaria, Germany, 28 Years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 293 Cross St.

Cause of Death, {First (Primary,)} Mania a Potu,

{Second (Immediate,)} Exhaustion.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, April 14th 1879

{*Undertaker,* A Hilken

{*Place of Business,* 244 E. Lombard St.

John D. R. Magee M.D.
Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31833

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

Date of Death, April 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza S. Stockett

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 38 *Years,* 1 *Months,* 1 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 87 S. ~~Eutaw~~ & Sticker

Cause of Death { First, (Primary,) Cancer of Stomach
Second, (Immediate,)

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, April 13th 1879

Undertaker, J B Cook

Place of Business, No 707 W Baltimore street

John Neff M. D.
Medical Attendant.

Address, 558 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31534

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

Date of Death, April 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Mahoney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 54 *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, House Servent

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore. About 34 Yrs

Place of Death, {Give street and number.} 301 Biddle St

Cause of Death, {First (Primary,) Inflimation of Stomach (west)
Second (Immediate.) Hemorhage of Stomach

Duration of Last Sickness, Eighteen Hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 12. th

{*Undertaker,* Herkules Ross
{*Place of Business,* 95 Conway St

H. F. Stone M. D.
Medical Attendant.

Address 350 Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 31635

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9 April

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Melvina Turner

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, 4 *Years,* 13 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norris Alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 27 North is alley

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Sharp St Cemetery

Date of Burial, April 12th 1879

Undertaker, Wm. N. Dunges

Place of Business, No 62 East St

W. K. Warner M. D.

Medical Attendant.

Address corner of Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

Date of Death, April 11. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Barbara Opfell

Sex, Male or Female, { cross out the word not required in this line. }

Age, 49 *Years,* 10 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Kinsdorf Bavaria 16 yrs in U.S.

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and number } # 112 N. Chapel St.

Cause of Death { First, (Primary,) Typhoid Fever
Second, (Immediate,)

Duration of last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Aghanus Cemetery.

Date of Burial, April 13 1879 J. H. Collins M. D.
Medical Attendant.

Undertaker, J. H. Mercer

Place of Business, 852 Aliceanna St. *Address,* 207 Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

Date of Death, April 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth B. Tinder

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 57 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Orleans La

Duration of Residence in the City of Baltimore, about 18 mos.

Place of Death, {Give street and number.} Carrollton Hotel

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, New Orleans La.

Date of Burial,

Undertaker, J.W. Jenkins & Son

Place of Business, 16 Light St

Wm Rhees M. D.
Medical Attendant.

Address 131 St Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Trans 1378

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 31538

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Martin Fenlon

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, One (1) *Years,* Eleven (11) *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 222 E. Pratt St

Cause of Death First, (Primary,) Meningitis

Second, (Immediate,) Pneumonia

Duration of last Sickness, One (1) day

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 13th 1879

Undertaker, W. Dipsell

Place of Business, [illegible] Bond St

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31539

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

Date of Death, April 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Cook

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* 11 *Months,* 11 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hanover Germany

Duration of Residence in the City of Baltimore, about 40 yrs

Place of Death, {Give street and number.} 164 Forest st

Cause of Death, {First (Primary,) Second (Immediate,)} old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 14th inst 2 Oclock P.M.

Undertaker, Geo. C. Rodenmayer

Place of Business, 38 Eutaw St

J. Albaner M. D.
Medical Attendant.

Address 256 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31520

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susannah Brandes

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* 1 *Months,* 18 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Switzerland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 27 E. Pratt St

Cause of Death, First (Primary,) Cancer of Breast

Second (Immediate,) Pyaemia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 13th 1879

W. P. Bales M. D.
Medical Attendant.

Undertaker, John S. Mackie

Place of Business, Liberty & Fayette *Address* 112 S. Exeter.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimor

Permit No. 31521

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

Date of Death, April 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Miller

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} Union Protestant Infirmary

Cause of Death, {First (Primary,) Hemiplegia} {Second (Immediate,) General Debility}

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Lindenwald Cy

Date of Burial, Apr. 14/79

Undertaker, Stewart & Myers

Place of Business, 35 Park Ave

Louis Fawcett *M. D.*
Medical Attendant.

Address 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31542

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther Farmer

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* Five *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 85 Elbow Lane

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. B. Ground

Date of Burial, April 13th 1879

Undertaker, Jacob Davis

Place of Business, 103 Lee St,

Julius Hall M. D.
Medical Attendant.

Address, Southern Dispensary
77 Hill

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases of D...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 31524/3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Heinz

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 20 *Years,* 11 *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mechanic

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} No 31 N Frederick. Res 26 Ramsay st

Cause of Death, First, (Primary,) Accidental fall

Second, (Immediate,) Fracture of skull

Duration of last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 14 79.

Edmund R Walker M. D.
Medical Attendant.

Undertaker, Philip L. Hill

Place of Business, 183 Columbia st *Address,* Coroner P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Last of Diseases.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 315744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIM. APR 25

CERTIFICATE OF DEATH.

Date of Death, April 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr Anton Dautman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Sixty Eight *Years,* Two *Months,* Eleven *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Jeweler

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number} No. 229 Saratoga St.

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,) Heart Disease

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Baltimore 13th 1879

Wm H Clendinen M. D.
Medical Attendant.

Undertaker, Henry Saunders

Place of Business, Caroline Av.

Address, No 107 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31545 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE APR 13 1879

CERTIFICATE OF DEATH.

Date of Death, April 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Howard Bright

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 5 *Months,* 5 *Days.*

Color, Colored *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 11 Chesnut Alley.

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 12. 1879

John S. Bright M. D.
Medical Attendant.

Undertaker, John C. Doan

Place of Business, No 63. East St. *Address* 98 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 31546 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE 1879

CERTIFICATE OF DEATH.

Date of Death, April 12, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Anderson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* 11 *Months,* 4 *Days.*

Color, White *Sex,* F.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 82 Camden St

Cause of Death, First (Primary,) Pulmonary Con.
Second (Immediate,) Consumption.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 14th 1879

W. T. Howard M. D.
Medical Attendant.

Undertaker, Joseph F. Byrne

Place of Business, City

Address 181 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31547

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Henry Peters

Sex, Male or ~~Female~~, { cross out the word not required in this line. } —

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } No 99 Plum alley

Cause of Death, { First, (Primary.) Convulsions

Second, (Immediate.) ____

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 13. 1879

Undertaker, Hercules Rass

Place of Business, Conway St

James A Clemm M. D.
~~Medical Attendant.~~

Address, Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Examined by Jos. Vincent

Board of Health, City of Baltimore,

Permit No. 3 1548 — OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE APR 13 1879

CERTIFICATE OF DEATH.

Date of Death, April 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Donnelly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, One Year 2 Months, ~~Days~~

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Single Widow Widower

Occupation, ~~Child~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, One Year & 2 months

Place of Death, {Give street and number.} 141 N. Bond

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,)

Duration of Last Sickness, ~~one week~~

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 13 1879

Undertaker, James P Byrne

Place of Business, No 63 St Paul St *Address* 93 N. Eden St

E. F. P. Eccles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 31574 9

OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE APR 13 1879

CERTIFICATE OF DEATH.

Date of Death, April 12. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Force.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female.

Age, 9 *Years,* 4 *Months,* 26 *Days.*

Color, White.

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hagerstown Md.

Duration of Residence in the City of Baltimore, 8 yrs.

Place of Death, {Give street and number.} 103 Edmonson Ave.

Cause of Death, {First (Primary,) Diphtheria.

Second (Immediate,)

Duration of Last Sickness, 7 Days.

All the above Information should be furnished by the Physician.

Place of Burial, Hagerstown Md.

Date of Burial, 14th April 1879

Undertaker, Henry H Jenkins & Son

Place of Business, 16 Light St.

Jno. F. Powell M. D.
Medical Attendant.

Address 227 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

a Transit Permit No 1379

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S...

Permit No. 31550

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. TREASURY APR 13 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Apl 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Alford Harris

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} ~~Female~~ Male

Age, — *Years,* — *Months,* 9 *Days.*

Color, Col'd *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 54 Myrtle Ave

Duration of Residence in the City of Baltimore, 9 days

Place of Death, {Give street and number.} 54 Myrtle Ave

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Druid

Date of Burial, April 13 1879

Wm. E. Clayton M. D.
Medical Attendant.

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry st *Address* 18 S. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

Permit No. 31557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~William~~ ~~Miller~~ April 12 ~~1~~ 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Edgar Miller

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 888 Pop[illegible]
Trinity Sacrament Din

Cause of Death {First, (Primary,) ..... Second, (Immediate,) .....}

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wesley cemetery

Date of Burial, April 13

Undertaker, H Eurk

Place of Business, 702 Dst Baltimore Md

John Dryf M. D.
Medical Attendant.

Address, 888 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 31532

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 13 1879 BALTIMORE

Date of Death, April 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry D. Enos

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* Seven *Months,* Fifteen *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 83 Hanover Lane

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 14. 79

Undertaker, S. Chase

Place of Business, 148 S. Howard St

H. T. Hill E. J. Tyler Smith M. D.
Medical Attendant.

Address 361 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of

OFFICE OF REGISTRAR OF VITAL S

Permit No. 31553

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl Liedhardt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *1* *Months,* *6* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 135 Ridgely St Bs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 135 Ridgely St do

Cause of Death, First (Primary,) found dead in bed perhaps eclampsia

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Co Maryland Chapel Ch

Date of Burial, April 13 1879

Undertaker, S M Chase

Place of Business, No 1 N Howard St *Address* 95 S Sharp St

H E Allers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 31654

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L. Kinnilg

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 7 *Years,* 3 *Months,* 18 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 7 Yrs 3 mos 18 Days

Place of Death, {Give street and number} N 4 Dawson alley

Cause of Death, {First, (Primary,) } {Second, (Immediate,)} Meningitis

Duration of last Sickness, Three (3) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 14th 1879

Undertaker, John Mbucher

Place of Business, N 150 Camden St

H L Green M. D.
Medical Attendant.

Address, 379 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 31505

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Burk

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 60 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Tuberculosis
Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Apr 13th 1879

Undertaker, C. F. Kraus

Place of Business, 209 Hanover.

D. Streett M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimo[illegible]

Permit No. 31536

OFFICE OF REGISTRAR OF VITAL ST[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha E. Draper

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Thirty one (31) *Years,* Three (3) *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert County Md

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} N.E. Cor Carolina & Aisquith Streets

Cause of Death First, (Primary,) Metro - Peritonitis

Second, (Immediate,) Pyrexia

Duration of last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 14 79

Undertaker, Fry & Lee

Place of Business, 57 N Broadway

Address, N.E. Cor Carolina & Aisquith Sts

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL S[illegible]

Permit No. 31557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Hy. Wagner

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 7 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 11 S. Bond & Eastern Ave

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,) Blood Poisoning

Duration of last Sickness, Nine (9) Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, April 14th

Undertaker, John Henry

Place of Business, 382 Orleans St.

See over

G. L. Wilkins M. D.
Medical Attendant.

Address, 911 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL

Permit No. 31538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Henry H Frederick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 8 *Months,* 12 *Days.*

Color, White *Sex,* male

~~Married~~ *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 360 N Howard St.

Cause of Death, {First (Primary,) Scarlatina

Second (Immediate,)

Duration of Last Sickness, About five days

All the above information should be furnished by the Physician. I saw him only a few hours before his death for the first time

Place of Burial, Western Cem

Date of Burial, April 14

John C. Harris M. D.
Medical Attendant.

Undertaker, C H Blizzard

Place of Business, 207 Penn *Address.* 11.310 Lexington St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special [illegible] of Physicians is Respectfully Invited to the Remarks Below, that [illegible]

Board of Health, City of Baltimor[illegible]

Permit No. 31539

OFFICE OF REGISTRAR OF VITAL STATI[illegible]CS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fred C Reinhart

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 1/2 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ____

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Nursery & Child's Hospital

Cause of Death, { First, (Primary,) Pleuritis / Second, (Immediate,) Empyema

Duration of last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 14th 79

Undertaker, C H Blizzard

Place of Business, 201 S Penn

C. F. Brun M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 31560

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Platt

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 2 8 45 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Brick

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany 22 years in U S

Duration of Residence in the City of Baltimore, 22 years

Place of Death, { Give street and number } 126 August st SL

Cause of Death, { First, (Primary,) } Habitual intemperance partially

{ Second, (Immediate,) } also accidentally injury by exception fracture) causing congestion of brain (Jacob Platt

Duration of last Sickness, 3 or 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 14 1879

Edm R Walker M. D.
Medical Attendant.

Undertaker, Henry Heath

Place of Business, 209 Eastern ave *Address,* Canton P O

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimor[illegible]

Permit No. 31561.

OFFICE OF REGISTRAR OF VITAL STATIS[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th April 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Murphy

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Baltimore

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} X

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 207. Battery avenue

Cause of Death, First, (Primary,) Metro Peritonitis

Second, (Immediate,)

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 15th 1879

H W Wehle M. D.
Medical Attendant.

Undertaker, Armstrong Henry

Place of Business, No 263 Light[illegible] *Address,* 57 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 41.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

Permit No. 31562

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ann Richardson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 52 *Years,* 3 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Keeping House

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 52 yrs

Place of Death, {Give street and number} 120 Bath Avenue

Cause of Death First, (Primary,) Heart Disease

Second, (Immediate,) Pneumonia Congestion

Duration of last Sickness, 5 wks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, April 16th 1879

R. L. P. Ellis M. D.
Medical Attendant.

Undertaker, Armstrong Henry

Place of Business, No 263 Light st *Address,* 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

GUILANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Ap 14 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dedrick Henry Allers

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 83 *Years,* 3 *Months,* 3 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number} 140 S. Eutaw

Cause of Death { First, (Primary,) Pulmonary Hemorrhage
Second, (Immediate,) death sudden

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Monday 16th Apl 1879

Undertaker, H. Thayer

Place of Business, 106 North Howard *Address,*

L. Duncan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant, not named, give names of parents.} Ernest Beale

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 2 *Days.*

Color, Wh.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 218 Ramsay St

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) Diarrhoea

Duration of last Sickness, Twenty days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, June 14

Undertaker, C H Bizzard

Place of Business, 20 Pe

W Keating M. D.
Medical Attendant.

Address, Mt Auburn & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 31565

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Griffith

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 79 Mc Culloh st

Cause of Death, {First (Primary,) Consumption / Second (Immediate,)}

Duration of Last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, April 15th 1879

Undertaker, Wm Landreau

Place of Business, 504 E Druid Hill

C. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

[illegible] DEPAR[illegible] 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th Oct 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr James McGuire

Sex, Male or Female, { cross out the word not required in this line. } male

Age, 81 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, Teacher

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 57 years

Place of Death, { Give street and number } 63 McGilton St

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) ~

Duration of last Sickness, about 1 month

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 15th 1879

Undertaker, Jno F Andrews

Place of Business, No 426 Druid Hill Ave

L D McCreery M. D.
Medical Attendant.

Address, 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3156 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3 / 11

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Simon Myers

Sex, Male or Female, { cross out the word not required in this line. }

Age, 58 *Years,* 10 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Bookbinder

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Russia 24 years

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number } 10 N. Calvert st (Extended)

Cause of Death { First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, April 15th 79

Undertaker, Geo. Eastman

Place of Business, 121 Hanover st.

Epstein M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 31568

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT
APR 14 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Watkins

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days.*

Color, Negress

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 4 Yrs

Place of Death, {Give street and number.} 104 Lafayette Ave. St.

Cause of Death, First (Primary,) Inflammation of Bronchial Tubes

Second (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 14th 1879

Undertaker, S. W. Chase

Place of Business, 54 Howard St

E. Whitehead M. D.
Medical Attendant.

Address 57 N Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13 = 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosina Mettner

~~*Sex, Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 59 *Years,* 7 *Months,* ..... *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Non

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number } 249 S. Broadway

Cause of Death { First, (Primary,) Acute Jelion Atrophie of Liver
Second, (Immediate,) Marasmus

Duration of last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, April 15 = 79

Undertaker, W. C. Walsh & Son

Place of Business, 8 Bond St. *Address,* 245 Baltimore

Math[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. APR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Ireland

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 1 *Months,* 12 *Days.*

Color, Black *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 23 Mullikin St.

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apr 12 1879

Undertaker, William Dorgan

Place of Business, No 62 East Street

J. W. P. Bates M. D
Medical Attendant.

Address 112 S. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Cunningham

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 95 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number} 173 West St

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 14. 1879

Undertaker, C. H. Krause

Place of Business, 209 Monument St

James A Clemens M. D.
Medical Attendant,

Address, County of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jol Vansant S. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

Permit No. 31572

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. APR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th April 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Boyle

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 50 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Nineteen Years

Place of Death, {Give street and number} #188 Lancaston ave

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Hemorrhage

Duration of last Sickness, Eight or ten years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, 15th April 1879

J. L. Smith M. D.
Medical Attendant.

Undertaker, H.W. Jenkins Son

Place of Business, 16 Light St *Address,* # 584 W. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Beatrice Rote (Beatrice Rote)

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, One (1) Years, Six (6) Months, Seventeen (17) Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ~~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 298 N Bond St

Cause of Death, First, (Primary,) Diphtheritic Croup.

Second, (Immediate,) Asphyxia

Duration of last Sickness, Three (3) Days

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, April 14, 1879

Undertaker, M. F. Dwyer

Place of Business, 74 S. Broadway

S. W. Feldner M. D.

Medical Attendant.

Address, S. E. cor. Gay & Caroline Sts, or Gay & Caroline Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. Wesley

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 7 ½ *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Ship Joiner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number} 37 Commerce St

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Exhaustion

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery

Date of Burial, April 15th 1879

Undertaker, Hughes Bro

Place of Business, S. Broadway

James H Keene M. D.
Health Officer

Address, Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo W. Taylor

[OVER.]

Board of Health, City of Baltimore

Permit No. 31575

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmira Gimper

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 29 *Years,* 6 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Eighteen years

Place of Death, {Give street and number} 332 W Bond st

Cause of Death, First, (Primary,) Pleuro-Pneumonia and Peritonitis

Second, (Immediate,)

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 15th

D M Cattell M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 Hunt *Address,* 211 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alonzo Evans

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* 2 1/2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 955 York St.

Cause of Death First, (Primary,) Inflamation of Lungs

Second, (Immediate,) Consumption

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, April 15th 1879

Undertaker, Wm C Patterson

Place of Business, 179 S Bond St.

A. L. Wood M. D.
Medical Attendant.

Address, 955 York St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 31577

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barney Connelly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Watchman at National Hotel Washington D.C.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 29 yrs last 9 years in Wash D.C.

Place of Death, {Give street and number.} 300 E Minnesota

Cause of Death, {First (Primary,) Cholera Morbus / Second (Immediate,) Exhaustion

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, April 15th 1879

Undertaker, James P Byrne

Place of Business, No 63 N Frankfort

E Goltalls M. D.
Medical Attendant.

Address 27 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Elizabeth Howe.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 62 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow.

Occupation, House Keeper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 10 Years.

Place of Death, {Give street and number.} 45 Cookie Street.

Cause of Death, First (Primary,) Paralysis.
Second (Immediate.) Hemiplegia,

Duration of Last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Louis D. J. Sullivan, M. D.

Date of Burial, April 15 Medical Attendant.

Undertaker, Wendelin Dippel *Address* 116 Thames St.

Place of Business, Bond St. 257

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 31879

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 14 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Edw. Golden

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ~~—~~ *Years,* 4 *Months,* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 4

Place of Death, {Give street and number.} 36 Birdsall Alley

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) ~~—~~

Duration of Last Sickness, five (5) weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 15

Undertaker, James Brackstone

Place of Business, Preston 150

Address, 192 Park Av

W. M. Sutton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31580

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPAR. APR 14 1879 BALTIMORE

Date of Death, April 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Brütting

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Bar Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 yrs.

Place of Death, {Give street and number} No. 71 S. Regester

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Aspharus Cemetery

Date of Burial, April 14 1879

Undertaker, C. Dysart

Place of Business, Bond St

C. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Gallian Waterworth

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 10 *Years,* *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S.

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 142 Lancaster Street

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Albuminuria

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemty

Date of Burial, April 16th

Undertaker, H Frechlich

Place of Business, 246 Eastern Av

James E. Donnelle M. D.
Medical Attendant.

Address, 299 E. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31582

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15-1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Maria Eschbach

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, —— *Years,* 6 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 16 Addison alley

Cause of Death, First, (Primary,) Pneumonia —

Second, (Immediate,) Asphyxia —

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 16 1879

C. C. McDowell M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31583

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPAR... APR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah F. Diggs

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* 2 *Months,* 15 *Days.*

Color, Colored *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 23 Harmony Lane

Cause of Death, First (Primary,) Psoas Abscess

Second (Immediate,) Hemorhage

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery Frank W Lemon M. D.

Date of Burial, April 16 1879 Medical Attendant.

Undertaker, D. W. Chase *Address* 187 Saratoga st

Place of Business, Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 31584

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH APR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Unknown (found April 14th 1879)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, about Forty *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number} Fell & Bridgway's

Cause of Death, {First, (Primary,) Drowned

{Second, (Immediate,)

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial, April 15th 1879

Undertaker, Patrick Mullin

Place of Business, 67 Cambridge St *Address,* Corner E.V.

D. C. Ireland M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31585

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Kuth

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 61 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, {Give street and number} 124 N. Howard St

Cause of Death { First, (Primary,) apoplexy
Second, (Immediate,)

Duration of last Sickness, a few hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 16 1879

Undertaker, John Henning

Place of Business, 352 Calvert St

Wm B Arnold M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31586 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W Canal Face

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Com: Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} old Dennead Farm Md dec'd

Cause of Death, First (Primary,) Cirrhosis of the Liver

Second (Immediate,) Ascite accumulation

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Westminster graveyard

Date of Burial, April 16 79

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St

C B Gaither M. D.
Medical Attendant.

Address 108 Cathedral Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 31587

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Shafer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 84 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number} 154 Cross

Cause of Death, First, (Primary.)

Second, (Immediate,) old age

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 16 1879 Thos. Wood Lord M. D.

Medical Attendant.

Undertaker, B. Hall

Place of Business, Light St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31588 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 15 1879 BALTIMORE

Date of Death, April 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Schenking

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philada

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 316 William St

Cause of Death, First (Primary,) Heart Disease

Second (Immediate.) Formation of Clot

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemy

Date of Burial, April 16 1879

G Lihmann M. D.
Medical Attendant.

Undertaker, Declius Keckler

Place of Business, Cross & Sharp *Address* 219 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Read

Sex, ~~*Male*~~ *Female,* {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 21 Gilling St.

Cause of Death {First, (Primary,) Remittent Fever

Second, (Immediate,)

Duration of last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Western C—

Date of Burial, April 15th 1879

Undertaker, J. B. Blackiston & Son

Place of Business, 606 Balt st

R. J. H. Tull, M. D.
Medical Attendant.

Address, 152 E Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31590 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPAR APR 15 1879 BALTIMORE

Date of Death, April 14. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Diana Ogle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79. *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 226 Preston st.

Cause of Death, First (Primary,) Fracture of Femur.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, April 15th 79

Undertaker, C.W. Blizzard

Place of Business, 201 Penn

Albert Stephens. **M. D.**

Medical Attendant.

Address 422 W. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 31591

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Jane Simpson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Sixty One *Years,* *Months,* *Days.*

Color,

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Washing &c

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Accomac Co Va

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number} 201 Burgandy St

Cause of Death, {First, (Primary.) {Second, (Immediate,)} Heart Disease

Duration of last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Onancock Accomac Co

Date of Burial, April 16 1879

Undertaker, Connaway & Denny

Place of Business, Light St

J. Tyler Smith M. D.
Medical Attendant.

Address, 203 S. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 31592

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE APR 15 1879

Date of Death, April 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Clewer

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 37 *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prince Georges Co Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} 48 Chestnut St

Cause of Death, {First, (Primary,) ——
Second, (Immediate,) Consumption

Duration of last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, April 16 79

Undertaker, A. Waymack

Place of Business, Saratoga St

James A Steuart M. D.
~~Attending Physician.~~

Address, Comm of Vit Stat
H Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. K. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H Coulter

OVER

Board of Health, City of Baltimore,

Permit No. 31593. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William James Casey

Sex, Male ~~Female~~ { cross out the word not required in this line. }

Age, 26 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Carpenter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 213 N. Front St

Cause of Death, { First, (Primary.) Insanity

{ Second, (Immediate.) ———

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 18 1879

Undertaker, H. W. Mears

Place of Business, N. Gay St

James A. Steuart M. D.

~~Medical Attendant.~~

Address, Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulter

[OVER]

Permit No. 5184

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 14. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas McCubray

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, ... *Years,* 21 *Months,* 17 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 14 Jackson St.

Cause of Death, First (Primary,) .....

Second (Immediate,) Diphtheritic Croup.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 16th 1879

Undertaker, Henry H. Mears

Place of Business, 715 N Gay St

S. K. Hoxsie M.D.
Medical Attendant.

Address, 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of [illegible]

OFFICE OF REGISTRAR OF VITAL STA[illegible]

Permit No. 31595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPAR[illegible] APR 15 1879 BALTIMORE [illegible]

CERTIFICATE OF DEATH.

Date of Death, April 13th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Claud Ritter

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 9 *Years,* 8 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, no

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltmo

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 133 McElderry St

Cause of Death First, (Primary,) Hypertrophy of the Heart.

Second, (Immediate,) Convulsions.

Duration of last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 15. 1879

Undertaker, H. A. Daiger

Place of Business, 74 S. Broadway,

[illegible] Hoen M. D.
Medical Attendant.

Address, 137 Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31596 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 15 1879 BALTIMORE

Date of Death, Apr 15, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas L. Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 13 Dover St

Cause of Death, { First (Primary,) Convulsions
Second (Immediate,)

Duration of Last Sickness, 3 days /

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 16

James Bayley ..... *M. D.*
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 W Baltimore *Address* 317 Hillen St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 3159**7**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 15 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Apr 6 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Kisling

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* 11 *Months,* 10 *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word is not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} York County Penn'

Duration of Residence in the City of Baltimore. 7 months.

Place of Death, {Give street and number.} 9r 68 Oxford St East Balt.

Cause of Death, First (Primary,) ——

Second (Immediate,) Puerperal Fever.

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, April 16th

Undertaker, Philip F. Dill

Place of Business, Columbia ave

Pembroke W. Wright M. D.
Medical Attendant.

Address 9r 216 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 31598

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 15 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Cousins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* 3 *Months,* — *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, Over 40 years

Place of Death, {Give street and number.} 220 W Fayette

Cause of Death, {First (Primary,) Second (Immediate,)} Consumption, Phthisis

Duration of ~~Last~~ Sickness, Six months or more

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem & Gover'd ... *M. D.*

Date of Burial, April 17th 79 Medical Attendant.

{*Undertaker,* Thos J Hughes *Address* 289 W Fayette St

{*Place of Business,* 64 East Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. D 2[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

31599

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Apl 15/79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Nostfel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 78 *Years,* 3 *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Bavaria

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, { Give street and number. } 267 n Eden st

Cause of Death, { First (Primary,) old age (?) } [was last under my observation about Christmas and has been seen by no physician since that time. F.A.W.)

{ Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, N Aylwood Cem

Date of Burial, Apr 16 1879

Undertaker, Henry Roach

Place of Business, 84 Caroll st

F A Warner M.D.
Medical Attendant.

Address 256 n Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 31611

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 15 1879 BALTIMORE MD

Date of Death, April 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ward

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, — *Years,* — *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 28 Albemarle St

Cause of Death { First, (Primary,) Convulsions, owing possibly to Congestion
~~Second, (Immediate,)~~ of the Brain, Supervinduced by a tedious labor, and instrumental delivery.

Duration of ~~last~~ Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemy

Date of Burial, April 1879

Undertaker, H. W. Means

Place of Business, Gay St

Edwd. F. Michaud M. D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 31601

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14, 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Banks

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, colored

~~*Married,*~~ *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 60 Orchard St.

Cause of Death {First, (Primary,) consumption.

Second, (Immediate,)

Duration of last Sickness, 3 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 15th 1879

Undertaker, Wm. H. Bishop Jr.

Place of Business, #97 Druid Hill ave.

F. P. Kellin M. D.
Medical Attendant.

Address, 89 Greene st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31602

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C. Breinhold

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* 25 *Days.*

Color, White *Sex,* Female

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Phenix Balto. Co.

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number.} 14 Hoffman St. near Gay

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) True Croup

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent Cem. A. G. Thabon M. D.

Date of Burial, April 16th 1879. Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address* 447 N. Central Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimor

Permit No. 31683

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur Kennard

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* Seven *Months,* Five *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number } No 329 N. Ann St.

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Convulsions

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, April 16th 79

Wm H. Clendinen, M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 Gay St.

Address, No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31604

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 13. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Angaline Esau

Sex, Male or Female, {Cross out the word not required in this line.} X

Age, 65 *Years,* *Months,* *Days.*

Color, Colored *Sex,* X

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow ✓

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cecil County Md

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} 134 Hill st Balt

Cause of Death, {First (Primary,) Congestion of brain
Second (Immediate,)} 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 15. 1879

{*Undertaker,* S. W. Chase
Place of Business, 198 Howard st *Address*

Wm C Knowles *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore

Permit No. 31605

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Holland

Sex, Male or Female, {cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, Colored

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Gardener

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pr Geo Co Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number} 43 Raborg st

Cause of Death, First, (Primary,)

Second, (Immediate,) Senile decay,

Duration of last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Pr George Co

Date of Burial, April 16 1879

Undertaker, S H Chase

Place of Business, 20 195 Harrison

Geo E Gyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Transit 1382

Permit No. 31606

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Donaldson Seyler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 17 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Baltimore~~ Maryland

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give street and number.} 127 S. Stricker St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, April 16th 1879

Undertaker, J B Cook

Place of Business, No 707 W Baltimore Street

James Bosley M. D.
Medical Attendant.

Address 319 Fallsway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

Permit No. 31607

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isaac Wesley Cole

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, 2 *Years,* 6 *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } No 4 Brewers alley

Cause of Death { First, (Primary,) Convulsions

, { Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 15th 1879

Undertaker, A. Wayman

Place of Business, Saratoga st

Thos A Steuart M. D.

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Examined by Jos Evans Asst. Inspector

Board of Health, City of Baltimore

Permit No. 31608

OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Howaltz

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 30 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bohemia 18 years

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number} City Hospital

Cause of Death {First, (Primary,) Pneumonia.
Second, (Immediate,) Apnoea.

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial St Alphonsus Cem

Date of Burial, April 16th 1879.

Undertaker, Adam Fink

Place of Business, 161 N. Gay.

Wm R Howard M. D.
Medical Attendant.

Address, City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 31609

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hertog

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 62 *Years,* 5 *Months,* 14 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number} 52 Carlton Alley

Cause of Death, {First, (Primary,) } {Second, (Immediate,)} Phthisis

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 17th 79

Undertaker, Philip J. Dill

Place of Business, 183 Columbia ave

[illegible] M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 31610

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 16 [illegible] BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John L. Kenzey

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 26 *Years,* 5 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Clerk

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number } 4 W. Eager St.

Cause of Death, First, (Primary,) Phthisis Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, April 16th 1879

Undertaker, Henry H. Mears

Place of Business, 408 N Gay St

W. P. McDonald M. D.
Medical Attendant.

Address, 290 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VIT

Permit No. 31611

The Physician who attended any person in a last illness is responsible for the presentation of this Certifica... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of s... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Everhart Myers

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.} female

Age, *Years,* 10 *Months,* 7 *Days.*

Color, White *Sex,* female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} single

Occupation, none.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 37 Clarke St.

Cause of Death, First (Primary,) Erysipelas

Second (Immediate,) Congestion of lungs

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Fondren Park

Date of Burial, April 16

Undertaker, C H Blizzard *Address*

Place of Business, 201 Pac

D. R. Uhler, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City

Permit No. 31612

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Howard Beshears,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 233 S. Eutaw St.

Cause of Death {First, (Primary,) ____ Second, (Immediate,) Inanition

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 16th 1879

Undertaker, C. Wilgand

Place of Business, 53 Druid Hill Ave

R. J. Hall M. D.
Medical Attendant.

Address, 132 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 31613

OFFICE OF REGISTRAR OF VIT...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Suter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* 11 *Months,* 3 *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 63 Stockton St

Cause of Death, First (Primary,) Albumenuria

Second (Immediate,) General decay of powers

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery Chas E Sadtler M. D.

Date of Burial, April 17 1879 Medical Attendant.

Undertaker, Wm E Chenoweth *Address* 649 Penna Ave

Place of Business, Mahen[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 31614

OFFICE OF REGISTRAR OF VIT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificat... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Josiah Harrison

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, 83 *Years,* 4 *Months,* *Days.*

Color, Mr *Sex,*

~~*Married, Single, Widow*~~ *or Widower,* { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 70 Years

Place of Death, { Give street and number. } Aged Mens Home

Cause of Death, { First (Primary,) Old Age / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, April 17 79

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St.

Geo H. Upshur M. D.
Medical Attendant.

Address 1 Mowbray Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VIT

Permit No. 31615

The Physician who attended any person in a last illness is responsible for the presentation of this Certi
out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEA APR 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Curzon Pouetney

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* female

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 125 Bolton St.

Cause of Death, First (Primary,) Rheumatic acute Endo-pericarditis

Second (Immediate,) asphyxia from Pulmonary obstruction with asthma

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 17th April 1879

Undertaker, A.H. Jenkins & Son

Place of Business, 16 Light St

S. E. Chew M. D.
Medical Attendant.

Address 141 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

Permit No. 31616

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline Bettes

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* 25 *Days.*

Color, white

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 15 ~~th~~ Fair Mount Ave

Cause of Death, {First, (Primary,) Second, (Immediate,)} Consumption

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 16 1879

James H Clemm M. D.
~~Medical Attendant.~~

Undertaker, W. Siffert

Place of Business, N. Bond St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd by Geo E. Taylor

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 31617

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE APR 16 1879 HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, April 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert James Garrison

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~[illegible]~~ *Years,* 2 *Months,* ~~[illegible]~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 12 Clarkson alley

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Convulsions

Duration of last Sickness, all it Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 17th 1879

Undertaker, Hercules Ross

Place of Business, Conway St

James A Steuart M.D.

Address, Comm'rs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Joseph Vansant

[over]

Permit No. 31618

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certifi
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Oliver Johnson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 201 Pine St. near Fremont

Cause of Death, {First (Primary,) Diphtheritic Croup

Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Eastern Ave

Date of Burial, April 17 1879

Undertaker, Geo. Scriven

Place of Business, 211 N Eutaw St

A. G. Fox M.D.
Medical Attendant.

Address, 121 Cor Fayette & Schroeder

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 31619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Almira Virginia Jones

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, 2 *Years,* 4 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~

Occupation, ~~~

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } Cross st near Hanover

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,) Hemorrhage

Duration of last Sickness, 2 1/2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 16th 1879

Undertaker, Samuel W. Chase

Place of Business, Howard & Montgomery

James A Steuart M. D.

Address, Comm. of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

examined by Jas. Vansant

[OVER.]

Permit No. 31620 OFFICE OF REGISTRAR OF VITA

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certific... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of ..., or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13 April 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Rose

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* 7 *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Washwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 3 Necessity Alley

Cause of Death, First (Primary,) Cerebral Hemorrhage

Second (Immediate,)

Duration of Last Sickness, 8 hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, April 16th 1879

{*Undertaker,* Wm N Dugan

{*Place of Business,* 42 East St.

J. W. P. Bales M. D.
Medical Attendant.

Address 112 S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 31621

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of sai sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April. 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Downing

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, Two *Years,* Three *Months,* Four *Days.*

Color, Colored *Sex,* female

~~*Married,*~~ *Single,* *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 345 Nine St.

Cause of Death, First (Primary,) Pertussis, Pneumonia

Second (Immediate,) Debility, Asphyxia.

Duration of Last Sickness, Three weeks, under my attendance 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, April 16th 1879

Undertaker, Wm N. Dunger

Place of Business, No 62 East St

J. M. Jordan M. D.
Medical Attendant.

Address 632 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No: 31624

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert H. Pettus

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 12 *Days.*

Color,

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 40 E. Lanvale

Cause of Death, First, (Primary,) Convulsions Dropsy

Second, (Immediate,) Meningitis Cerebral

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, April 17th 1879

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

H. Grimes M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

Permit No. 31623

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate M whittington

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 23 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Sales lady

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 23 yrs.

Place of Death, {Give street and number} 163 W Lombard St

Cause of Death, First, (Primary.) Puerperal Septicaemia

Second, (Immediate,) Hypenemia of lungs

Duration of last Sickness, 3½ days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 17 1879

Undertaker, John S. Meade

Place of Business, Camden St

J H Bruchom M. D.
Medical Attendant.

Address, 163 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL

Permit No. 31624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Eichner } Parents

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ Years, ____ Months, One Days.

Color, ____ Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 99 E. Pratt st

Duration of Residence in the City of Baltimore, 1 day

Place of Death, {Give street and number.} 99 E Pratt st

Cause of Death, { First (Primary,) Marasmus
Second (Immediate,) one day

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

A. P. Meaes M. D.
Medical Attendant.

Place of Burial, Balto Cemetery

Date of Burial, April 17 1879

Undertaker, Hughes & Co

Place of Business, Broadway

Address 188 N. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 31625 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick S. Hallahan

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Twenty five *Years,* Zero *Months,* Zip *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Truckman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, During life since

Place of Death, {Give street and number.} 402 North Holliday St

Cause of Death, {First (Primary,) Congestion of lungs Heart

Second (Immediate,)

Duration of Last Sickness, Zip hours of previous attention

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's cemetery

Date of Burial, April 17 1879

Thos Shanahan M. D.
Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 N Green St *Address* S. W. Cor. Calvert & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 31626

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert H. Latrulby

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, One Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Baltimore City

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lifetime

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 189 E. Bond St

Cause of Death, First (Primary,) Abscess Anal

Second (Immediate,) Meningitis

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

C. C. White, M. D.
Medical Attendant.

Place of Burial, Trinity County

Date of Burial, April 17th

Undertaker, H. Brechlich

Place of Business, 246 Eastern Ave

Address Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

Permit No. 31627

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lauben Rico Rizzo

Sex, Male or Female, { Cross out the word not required in this line. } M

Age, *Years,* 21 *Months,* 1 *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Italy.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Chestnut ad Court

Cause of Death, { First (Primary,) Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 17. 1879

Undertaker, Jno C. Jones

Place of Business, No 63 Park Av.

Geo. H. Steele, M. D.
Medical Attendant.

Address 126 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 31628

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac D James

Sex, Male or Female, {cross out the word not required in this line.}

Age, 59 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Engineer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number} X 3, N Carey st

Cause of Death {First, (Primary,) Pistol shot. Homicide
Second, (Immediate,) sudden death

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lowden Park cemetery

Date of Burial, April 18

Undertaker, J B Cook

Place of Business, 107 West Baltimore St

Geo C Ogle Coroner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 31629

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl. 16th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin Camphor

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Forty four *Years,* — *Months,* — *Days.*

Color, Col'd

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Stevedore

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, { Give street and number } Pratts Wht. (Block St.)

Cause of Death, First, (Primary.) —

Second, (Immediate,) Drowning

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Dallis cemetry

Date of Burial, Apr 18) 79

Undertaker, John W. Locke

Place of Business, 59 S. Wolf st

D. C. Ireland M. D.
Medical Attendant.

Address, Coroner E. Dist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supefintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OT...]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Henry King

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 05 *Years,* 10 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✗ ✗

Occupation, ✗ ✗

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} 1313 N. High St

Cause of Death { First, (Primary.) Profuse Lues
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 18 April 2 Oclock

Undertaker, Geo. L. Rodenmaier

Place of Business, 1 E. Pratt Street

Chas E Daniels M. D.
Medical Attendant.

Address, 199 E Balt Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31631

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th April

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kefauver

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Seventy five *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick Co. Md.

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number} 246 N. Carey St.

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) "

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Middletown Frederick Co. Md.

Date of Burial, April 18th 1879

Undertaker, John E Hough

Place of Business, 319½ Central Ave

Silas Baldwin M. D.
Medical Attendant.

Address, 151 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

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Board of Health, City of Baltimore,

Permit No. 31632

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 17, 1879

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 31633

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly Presco

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* — *Days.*

Color, Colored *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Postman St near Calhoun

Cause of Death, First (Primary,) Capillary Bronchitis —

Second (Immediate,) —

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cassel Cemetry

Date of Burial, April 17th 1879

Undertaker, John C Fredon

Place of Business, 63 Park Ave

Chas E Sattler M. D.
Medical Attendant.

Address 649 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis M. Heiterman dec't

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~_____~~ *Years,* ~~_____~~ *Months,* 1 1/4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 150 Chew St

Cause of Death {First, (Primary,)

{Second, (Immediate,) Inanition.

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, April 17 1879

Undertaker, Adam Fink

Place of Business, N. Gay St

I Thos A Steuart M. D.
~~Medical Attendant.~~

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by B. Disse S. D.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mena C. Sloman

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} 239 N. Eden St.

Cause of Death {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Inanition

Duration of last Sickness, 17 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 20th

Undertaker, Geo. Schilling

Place of Business, Ashland Lyman

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 31636

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otho N Kinstaw

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 69 *Years,* 7 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation, Farmer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Harford Co

Duration of Residence in the City of Baltimore, 15 Yrs

Place of Death, {Give street and number.} 1622 Harford. Ave Avenue

Cause of Death, First (Primary,) Debility

Second (Immediate,) Paralysis

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 18th

Undertaker. Geo Schilling

Place of Business, Ashland Square

E Hackett Dye M.D.

Medical Attendant.

Address, 151 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31637

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Barker

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Forty-5 *Years,* Eleven (11) *Months,* Fifteen (15) *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 54 Slaughter

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Measles

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, April 16th

Undertaker, [illegible]

Place of Business, Locust

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31638

OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th April 1879 ~~Hospital Baltimore City~~

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Providence Bishop Williams

~~Sex, Male or~~ Female, {Cross out the words not required in this line.}

Age, 70 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore County Md

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number.} No 54 East Baltimore Street

Cause of Death, First (Primary,) Sarcoma of the Eye

Second (Immediate,) Cancerous degeneration of the spinal cord.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 18/79

Undertaker, S.W. Jenkins & Son

Place of Business, 16 Light St

I Hodges M.D.
Medical Attendant.

Address, N. Bethesda Md

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 31639

OFFICE OF REGISTRAR OF VITAL STATIST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17 79

Full Names of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie G. Taylor

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 33 g Mulberry St

Cause of Death First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Hope

Date of Burial, April 18 79

Undertaker, [illegible]

Place of Business, 201 Pen

J. H. Miller M. D.
Medical Attendant.

Address, 89 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31640

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16. 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Haus

Sex, Male or ~~Female,~~ {cross out the word not required in this line.} Male

Age, 2c 79 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Ages life

Place of Death, {Give street and number} 41 Columbia ave

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem Cty

Date of Burial, April 18 1879

Undertaker, John. E. Haugh

Place of Business, 319½ Penna Ave

H. A. Kund M. D.
Medical Attendant.

Address, 223 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 17 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Dauenhauer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 years *Years,* 3 *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, 2 years and 3 months

Place of Death, {Give street and number.} 268 E. Chase

Cause of Death, First (Primary,) Double Membranous Croup

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, April 18, 1879

Undertaker, W. Diffell

Place of Business, S Bond St

John H. Homer M. D.
Medical Attendant.

Address 4 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her [illegible] sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31642

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 17 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, Male ~~or Female~~, {cross out the word not required in this line.} M

Age, ____ *Years,* [illegible] *Months,* ____ *Days.*

Color, W C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Penn City Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} N C Hospital

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Cholera

Duration of last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Westernwoodlawn

Date of Burial, April 18 1879

Undertaker, [illegible]

Place of Business, 1210 W Baltimore Street

Address, ____

____ *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 31643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { cross out the word not required in this line. }

Age, *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 25

Cause of Death { First, (Primary,) / Second, (Immediate,) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shark St

Date of Burial, April. 18

Undertaker, Hercules Ross

Place of Business, 95 Conway St

Address,

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C Turner

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 26 *Years,* 11 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Rolling Mill Hand.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore. Md

Duration of Residence in the City of Baltimore, Left Balto four years ago. Returned to die.

Place of Death, {Give street and number} 25 N High St

Cause of Death {First, (Primary,) Pulmonary Tuberculosis

{Second, (Immediate,)

Duration of last Sickness, about two years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 19 1879

Undertaker, James F Byrne

Place of Business, 1063 N Front St *Address,* 2 N Broadway.

D W Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 31645

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucille Koffenburger

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 6 *Years,* *Months,* 6 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 129 N Fremont Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlet Fever —

Duration of last Sickness, 6 days —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 19th 1879

Undertaker, P. F. Dill

Place of Business, 180 Columbia Av

D. H. Conway M. D.
Medical Attendant.

Address, 76 Mackall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Permit No. 6270 # 31646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret S. Purviance

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* 11 *Months,* 7 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 154 Biddle St

Cause of Death, {First (Primary,) General Debility

Second (Immediate,) Acute Peritonitis & Gastritis

Duration of Last Sickness, four days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, 19th April 1879

{*Undertaker,* H. H. Sanders Son

Place of Business, 216 Light St

Chas Fawcett M. D.
Medical Attendant.

Address 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 31647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 18 1879 BALTIMORE

Date of Death, April 16. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland Maternité

Duration of Residence in the City of Baltimore, Institution 7 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death { First, (Primary,) Marasmus
Second, (Immediate,) Spasm

Duration of last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 19, 1879

{ *Undertaker,* Saml Bowers
Place of Business, 156 Division St.

Mahony Brown M. D.
Medical Attendant.

Address, 68 Mc Culloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 31648 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 18 1879 BALTIMORE

Date of Death, April 17. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 16 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the ~~City of Baltimore~~, Institution 2 weeks

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death First, (Primary,) Hydrocephalus

Second, (Immediate,) Coma

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Druid Drae

Date of Burial, April 19. 1879

Undertaker, Saml Brown

Place of Business, 156 Division St

Mathew Brown M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

...oard of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATI...

Permit No. 31649

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Buckler

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor on Bay Vessels

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Maryland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} 11. Ellis H. St. Canton

Cause of Death {First, (Primary,) Bright's Disease of Kidneys

{Second, (Immediate,) Dropsy General.

Duration of last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem...

Date of Burial, April 19

Undertaker, Wm. Bird & Co.

Place of Business, Bond St 137

E. W. Janney. *M. D.*
Medical Attendant.

Address, Boston & Patuxent sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31650 OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Moriah Woodland

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} F

Age, 7 weeks ~~Years,~~ ~~Months,~~ *Days.* 3

Color, Colored *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B, Co,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 40 Cohen Alley

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 18th 1879

Undertaker, John C. Jordan

Place of Business, Park Ave

Irving Miller M. D.

Medical Attendant.

Address Balto. Hom. Dispensary 28 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 31657

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Ready

Sex, Male or Female, { Cross out the words not required in this line. } Femal

Age, 11 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 15. Clarke bet Aliceny

Cause of Death, { First (Primary,) Malarial Fever / Second (Immediate,) Cerebro-Spinal Meningitis

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery

Date of Burial, April 18 1879

Undertaker, James P Byrne

Place of Business, No. 63 N Frons

Tho. S. Latimer M. D.
Medical Attendant.

Address, 187 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 31652

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday - Apr 16. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Agnes Mertz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, + *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, +

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 3 Courtland st. Baltimore Md

Duration of Residence in the City of Baltimore, 3 Courtland St "

Place of Death, {Give street and number.} 3 Courtland St. "

Cause of Death, First (Primary,) Teething.

Second (Immediate,) Dysentery.

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, April 19 1879

A A Thomson M. D.
Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 68 & 70 Front St Address 57 N Charles St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 31653

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Loretta Kenny

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 8 *Months,* 17 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co. Maryland

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number} 228 South Eutaw st

Cause of Death, {First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, 19th April 79

Undertaker, C. H. Blizard

Place of Business, 19 April 1879

J. W. Nye M. D.
Medical Attendant.

Address, 28 Bath Gilmor st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

31652 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter J. Welch.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 2. Life

Place of Death, {Give street and number} 32 Bird St.

Cause of Death, {First, (Primary,) Pneumonia.

{Second, (Immediate,)

Duration of last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 19th 1879 J. O. Harrington M. D.
Medical Attendant.

Undertaker, Charles F. Herrick

Place of Business, 166 Hanover St *Address,* 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore

Permit No. 31655

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday April 17th 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hannibal

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 47 *Years,* 6 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Westphalia Germany

Duration of Residence in the City of Baltimore, 12 Years.

Place of Death, {Give street and number} # 264 E. Chase St.

Cause of Death { First, (Primary,) "Cerebritis"
, { Second, (Immediate,)

Duration of last Sickness, 6 Wks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, April 18.

Undertaker W. Weaver Druid Hill Ave

Place of Business, ... *Address,* 26 E. Chase St

Wilmer Brinton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31656

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Bancroft

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 95 *Years,* *Months,* *Days.*

Color, W *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and number.} Aged Womens Home

Cause of Death, First (Primary,) old age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 20th April 1879

Undertaker, H. H. Jenkins son

Place of Business, 16 Light st.

Geo L. Lyde M. D.

Medical Attendant.

Address Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 3165

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 19 1879 BALTIMORE

Date of Death, April 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hillina Stockdale

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 46 — *Years,* — *Months,* Eleven *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore County

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and number.} No 46 North Mount St. Balto.

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Exhaustion

Duration of Last Sickness, About two years

All the above information should be furnished by the Physician.

Place of Burial, Reisterstown Baltimore Co'y

Date of Burial, April 20th 1879

Undertaker, L. B Clark

Place of Business, No 707 W. Baltimore street

J. Ridgely Hammond M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 31658

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Brown

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 514 Fulton

Cause of Death First, (Primary,) Don't know

Second, (Immediate,) Results of Typhoid Fever

Duration of last Sickness, About 3 or 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 19th 1879

Undertaker, C B Lord

Place of Business, No 707 W Baltimore Street

H McKim M. D.
Medical Attendant.

Address, 58 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 31659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen O'Leary

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* 7 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 10 Lemmon St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of last Sickness, Nine (9) Days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, April 19th 1879

A. L. Shuman M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, No 707 W. Baltimore street

Address, 372 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31660

The Physician who attended any person in a last illness is responsible for the presentation of this Certific*ate* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa*id* sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 19 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lenard S. Healey

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 49 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 32 Years.

Place of Death, {Give street and number.} 33 N. Broadway.

Cause of Death, {First (Primary,) / Second (Immediate,)} Typhoid Fever. 12 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 20th 1879

Undertaker, Haughes & Co

Place of Business, 65 S. Broadway

L. H. Houck M.D.
Medical Attendant.

Address, 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 31661

OFFICE OF REGISTRAR OF VITAL [illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Neal

Sex, Male or Female, {Cross out the words not required in this line.}

Age, [illegible] *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 374 E. Baltimore St.

Cause of Death, First (Primary,) Bilious remittent fever

Second (Immediate,) Fatty degeneration of Heart

Duration of Last Sickness, 6 days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 21st 1879

Undertaker, Hughes & Co

Place of Business, 665 S. Broadway

E. L. Cross M.D.
Medical Attendant.

Address, 406 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

The Physician who attended any person in a last illness is responsible for the presentation of this Certific... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of s... sooner, if requested so to do, under penalty of law. # 31662

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cameron D. Howard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* .. .. 7 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 17 Orchard St

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)}

Duration of Last Sickness, about ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 20th 1879

Undertaker, Wm James Gray

Place of Business, 408 Mulberry

D. E. Atkinson M. D.
Medical Attendant.

Address 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 31663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1879 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, April 15 & 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Haefner

Sex, Male ~~or Female,~~ {cross out the word not required in this line.} M.

Age, 42 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} M.

Occupation, Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 23 Years.

Place of Death, {Give street and number} 175 Aisquith St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, 21st of April

Undertaker, Adam Link

Place of Business, 401 Balt St

H. L. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31664

OFFICE OF REGISTRAR OF VITA[redacted]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19/79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie M. Lahent,

Sex, Male or Female, {Cross out the words not required in this line.} Female.

Age, 3 *Years,* 1 *Months,* 7 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 181 George st

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Sudden Swelling in Throat,

Duration of Last Sickness, four days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 20th 1879

Undertaker, S B Leak

Place of Business, 1670 W Baltimore street

H. K. Fetterhoff M.D.
Medical Attendant.

Address, 77 George st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

Permit No. 31665

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Unknown (found April 18th 1879)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Say 5 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} County Wh...

Cause of Death, First, (Primary,) Drowning

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, April 18

Undertaker, Patrick Mullin

Place of Business,

D. C. Deland M. D.
Medical Attendant.

Address, Corner E. & ...st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Burbum

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Black 5 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Fort Dennick Wharf

Cause of Death, First, (Primary,) Drowning.

Second, (Immediate,)

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial, April 18

Undertaker, Patrick Mullin

Place of Business,

D. C. Roland M. D.

Medical Attendant.

Address, Boons E. Fort

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31667

OFFICE OF REGISTRAR OF VITA[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible]ed *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Godey

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, furniture merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Georgetown D C.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} N.o 65 N. Charles St.

Cause of Death, {First (Primary,) Cirrhus of the liver

Second (Immediate,) General cachexia

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, April 20th 1879

{*Undertaker,* Wm Weaver

Place of Business, North Eutaw St near Monument

Henry Latzer M. D.
Medical Attendant.

Address 165 W. Lombard Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 31668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death occurs, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Idine Smith

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~ *Years,* 7 *Months,* ~ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. [redacted] 20 Preston St

Cause of Death, First (Primary,) Infantile Marasmus

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, April 19th

Undertaker, Wm. H. Madden.

Place of Business, 385 N. Howard St

R. W. Mifflin M. D.
Medical Attendant.

Address 64 N. Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 31669

OFFICE OF REGISTRAR OF VITA[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate[illegible]*d out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa[illegible], or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dorothea Wagner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* 3 *Days.*

Color, white *Sex,* female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N° 13 Millerman Street

Cause of Death, First (Primary,) Diphtheritis.

Second (Immediate,) the same

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 19. 1879.

Mary Adzit M. D.
Medical Attendant.

Undertaker, J. F. Keating

Place of Business, 15 Orleans St. *Address* 16 & 18 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 31670

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel Hammond.

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 15 *Months,* ..... *Days.*

Color, Mulatto.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 176 Hanover St.

Cause of Death { First, (Primary.) Scrofula

Second, (Immediate,) Teething.

Duration of last Sickness, About 10 Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 20 1879

Undertaker, Owens & Mills

Place of Business, 225 S. Eutaw St

L. W. White M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Virginia Fowler

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 5 *Months,* 24 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 458 Canton ave

Cause of Death, First, (Primary.) Pneumonia.

Second, (Immediate.)

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 20 1879

Undertaker, W C Watchman

Place of Business, 1795 Bond St.

Thomas P. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 19 1899
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 99.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Thomas Young

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 38 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Driver.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give street and number.} No 6. N. Schroder st

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, — 4. months

All the above Information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, April 17 1899

Undertaker, Mathew Corrigan

Place of Business, 228 Mulberry st

A. A. Sat, Jr. M. D.
Medical Attendant.

Address 543 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31673

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18, 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Laura L. Holmes

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Forty *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } No. 266 Eastern Ave

Cause of Death, { First, (Primary,) ——— Second, (Immediate,) Consumption

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 20th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Geo H Glendenin, M. D.
Medical Attendant.

Address, No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Behrens

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} female

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 years 2 months

Place of Death, {Give street and number.} Spring St. above Eden (#32)

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) True Croup

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem'y A. G. Watson M. D.

Medical Attendant.

Date of Burial, April 20 1879

Undertaker, Henry Routh *Address* 443 N. Central Ave

Place of Business, 309 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Copeland

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, Eighty *Years,* Three *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, Forty five years

Place of Death, {Give street and number} 118 E. Broadway

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Exhaustion

Duration of last Sickness, About nine weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 20. 1879

Milton A. Taylor M. D.
Medical Attendant.

Undertaker, M. A Dwyer

Place of Business, 74 S. Broadway *Address,* Broadway & McElderry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law. # 31676

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Silphman White

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 30 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 37 John st. (west)

Cause of Death, {First (Primary,) / Second (Immediate,)} Puerperal fever Seven days

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem.

Date of Burial, April 20th

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light st.

Eugene Bruckler M. D.
Medical Attendant.

Address 135 N Charles st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 31677

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno Edward Foner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirty Five *Years,* Five *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Coach Smith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number.} 197 N. Exeter St

Cause of Death, {First (Primary,) Paralysis / Second (Immediate,)

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 21st 1879

{*Undertaker,* C Friem / *Place of Business,* 291 N Eutaw

H P P Yeatts M. D.
Medical Attendant.

Address 183 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Rekelin

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, House wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 35 Marion st.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Abont 3 years

All the above information should be furnished by the Physician.

Place of Burial, Sweet home

Date of Burial, April 21st

Undertaker, Conrad Kunkel

Place of Business, 60. Park st.

H. Darling M. D.
Medical Attendant.

Address, 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apl. 19 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Veronica Hertlein

Sex, Male or Female, {cross out the word not required in this line.}

Age, Years, 19 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. Authorup Between Aisquith & Central Aves

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Acute Bronchitis

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St. Aloysius

Date of Burial, Apl 20 1879

John F. Mennwinie M. D.
Medical Attendant.

Undertaker, Henry Hiss

Place of Business, 709 Caroline St. Address, S. W. Cor. Chest & Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Permit No. 31680

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louise Heyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 500 East Fayette St

Cause of Death, First (Primary,) Phthisis
Second (Immediate,) Pulmonalis

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Pt. Al Green Cl

Date of Burial, April 21 1879

John Morris *M. D.*
Medical Attendant.

Undertaker, Henry Hoch

Place of Business, 209 N. Central Av. *Address* No. 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 31681

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isidor DeLacy

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, Years, 16 Months, 11 Days.

Color, W *Sex,* M.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 280 S Ann St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) —

Duration of Last Sickness, 1 wk.

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery H. T. Reynolds M. D.

Date of Burial, April 21st 1879 Medical Attendant.

Undertaker, John L. Schuh. *Address*

Place of Business, 265 Alice Anne str. Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Carroll

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow, Widower~~, {Cross out the word not required in this line.}

Occupation, Policeman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Co. Roscommon Ireland

Duration of Residence in the City of Baltimore, 18 yrs.

Place of Death, {Give street and number} 33 S. Stricker St.

Cause of Death { First, (Primary.) Chronic

, { Second, (Immediate,) Gastric Catarrh.

Duration of last Sickness, My attendance two days.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cy

Date of Burial, April 20th 1879

{ *Undertaker,* Fenning & Armstrong

{ *Place of Business,* Eight & Monument

John F. Lemmon M. D.
Medical Attendant.

Address, 61 W. Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 51683

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) ....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ...

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 31684

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Jones

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 3 *Months,* 13 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 64 East St.

Cause of Death, First, (Primary.)

Second, (Immediate,) Marasmus

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 20 1879

E. M. Hall M. D.
Medical Attendant.

Undertaker, William A. Dugan

Place of Business, 62 East St

Address, 262 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OT.28.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eugene Williams

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 35 *Years,* Four (3) *Months,* Eighteen (18) *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City of Balt

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, { Give street and number } No 210 Dover St

Cause of Death, { First, (Primary.) Phthisis Pulmonalis / Second, (Immediate,) 2 Years

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 20 1879

Undertaker, William A Duggan

Place of Business, 10 Hooken City

Jno F Gantt M. D.
Medical Attendant.

Address, 155 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 31686

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abednego Curtis

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, col

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Drayman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Marys Co Maryland

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number} East 101

Cause of Death, First, (Primary,) Heart disease

Second, (Immediate,) Dropsy

Duration of last Sickness, Three mo[illegible] confined to the house

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 20 1879

E G Baldwin M. D.
Medical Attendant.

Undertaker, William McDuggee

Place of Business, 62 East St

Address, 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 3768 # 31687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Butler

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, X

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Md

Place of Death, {Give street and number.} 1642 Maryland St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 20th 1879

Undertaker, Theodore J Pecks

Place of Business, 73. Jefferson St.

J H Buck M.D.
Medical Attendant.

Address. 1636 Davis

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Ndzekyedet

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 63 *Years,* 1 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria Germany 34 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 352 William St.

Cause of Death, First, (Primary.) Chronic Laryngitis

Second, (Immediate,)

Duration of last Sickness, 6 months or more

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Apr 21st 1879

Undertaker, C. F. Kramer

Place of Business, 209 Hanover

DR. J. H. SMITH. APR 19 1879 BALTIMORE, MD.

_____ M. D.
Medical Attendant.

Address, 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 31685

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 20 1879 BALTIMORE

Date of Death, April 19 '79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence V Williams

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 61 Perry St

Cause of Death { First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 21 1879

{ *Undertaker,* S McCabe

{ *Place of Business,* No 198 Howard St

H H Keller M. D.
Medical Attendant.

Address, 89 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31690

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Ford

Sex, Male or Female, {cross out the word not required in this line.} F

Age, 49 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number} Baker St, near Division

Cause of Death {First, (Primary,) supposed to be Heart disease

{Second, (Immediate,) as she fell dead in the yard

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 20 79

Undertaker, S H Chase

Place of Business, No 198 Howard St

Chas C Lyle Coroner M. D.
Medical Attendant.

Address,

APR 21 1879 BALTIMORE MD. DEPARTMENT

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nannie Gillis Sherwood

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 21 *Months,* 15 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 1025 E. Biddle St

Cause of Death, First, (Primary,) Unknown

Second, (Immediate,) Meningitis

Duration of last Sickness, Twenty Four days.

All the above information should be furnished by the Physician.

Place of Burial, A C K Bandell

Date of Burial, April 21 4 '12

Undertaker, Balto. Cemetery

Place of Business, 278 N. Gay St

W. W. White M. D.
Medical Attendant.

Address, 141 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31694

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary McInnes

Sex, Male or Female, { cross out the word not required in this line. }

Age, 83 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 57 Durst Alley

Cause of Death, { First, (Primary,) — { Second, (Immediate,) Pneumonia

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Church Yard

Date of Burial, April 22 79

Theodore Cook M. D.
Medical Attendant.

Undertaker, Hudson & Sons

Place of Business, No 9 E Lexington

Address, 146 - Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 1

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha G Mitchel

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 72 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number} No 309 E. Eager-

Cause of Death, First, (Primary,) Chronic Diarrhoea

Second, (Immediate,) ____

Duration of last Sickness, About 3 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 22 1879

Undertaker, John D Lancaster

Place of Business, ____ *Address,* ____

Wm Whiting E M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 31694

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

Date of Death, April 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Ford

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 23 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 174 Hanover St

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) 2 Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, April 22nd 1879

H. D. Howard M. D.
Medical Attendant.

Undertaker, Stewart & Mowen

Place of Business, 35 Park Ave *Address,* City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 31695

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Meier

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 57 *Years,* 5 *Months,* 16 *Days.*

Color, white.

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} married

Occupation, watchmaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} No 25 Barnett St

Cause of Death, First, (Primary,) Pulmonary Phthisis

Second, (Immediate,) Ha Cause

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 21st April

Wm Walzer M. D.
Medical Attendant.

Undertaker, C. Kunkel

Place of Business, 60 Park ave. *Address,* 165 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

Permit No. 31696

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE APR 21 1879

Date of Death, June 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Davis

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 12 *Years,* ~~&~~ 3 *Months,* 17 *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {~~Cross out the word not~~ required in this line.}

~~Occupation,~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dade City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 229 Hanover st

Cause of Death {First, (Primary,) Pen Carditis 14th of Disease
Second, (Immediate,)

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 21st 1879

Geo. N. Benson M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover

Address, 209 Hanover St
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina W Mier

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 53 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 5 Yrs.

Place of Death, {Give street and number} 27 Bruce Street

Cause of Death, {First, (Primary.) Heart disease

{Second, (Immediate.)

Duration of last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Westview Cem

Date of Burial, April 22d 1879

Undertaker, P. Kinnamon

Place of Business, Mulberry st.

A Darling M. D.
Medical Attendant.

Address, 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK S'A

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Meyer Fuchs

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Butcher.

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years —

Place of Death, {Give street and number} 151 Bank St.

Cause of Death, First, (Primary.) Bright's Disease.

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Meth. Cemetery

Date of Burial, April 22 nd 79

Undertaker, M. Langsford

Place of Business, 87 South St.

E. Duncan M. D.
Medical Attendant.

Address, 107 South St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th April 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carolina Cook

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 1 *Days.*

Color, W *Sex,* F

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} Mulberry near Carrollton Ave

Cause of Death, First (Primary,) Tuberculer Pulmonalis,

Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery Geo H. Lapsley M. D.

Medical Attendant.

Date of Burial, April 22

Undertaker, J B Crook *Address* 1 Waverley Terrace

Place of Business, 407 West Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Lowenslager

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 469 W. Lombard

Cause of Death {First, (Primary,) Pneumonia
Second, (Immediate,) Serous effusion at base of Brain

Duration of last Sickness, Seventeen days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 22

Undertaker, J B Cook

Place of Business, 707 W. Baltimore *Address,* 558 W. Fayette St.

John Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Graham.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 24 hours ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 548 Argyle St City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 548 Argyle St

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Cyanosis

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 21st 1879

Edward P. McDevitt M. D.
Medical Attendant.

Undertaker, Ellis Graham

Place of Business, 548 Argyle St *Address,* 137 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Caroline Lutsch

Sex, Male or Female, {cross out the word not required in this line.}

Age, 20 *Years,* 1 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 226 N. Fremont St.

Cause of Death First, (Primary.) Puerperal Fever

Second, (Immediate,) 8 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 23rd 1879

J. Dunnett Norris *M. D.*
Medical Attendant.

Undertaker, Peter Kimmel

Place of Business, 317 Mulberry St *Address,* Cor Arlington & Edmondson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ann Banks

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, House Keeping

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Nearly all her Life

Place of Death, {Give street and number} No 27 S. Caroline St

Cause of Death, First, (Primary,) "Pneumonia"

Second, (Immediate,)

Duration of last Sickness, About one Week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 21 1879

Undertaker, [illegible]

Place of Business, [illegible]

J. Ridgway Andre M. D.
Medical Attendant.

Address, No 131 E Balto St

*** *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan F Chew

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number.} 70 Christmas alley Bright's Farm

Cause of Death, First (Primary,) Three Months

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Penn Cemetery

Date of Burial, April 20th 1879

Undertaker, J. H. Bishop Jr.

Place of Business, 91 Lombard

H. D. Barker M. D.
Medical Attendant.

Address 152 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 19 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hoops

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 8 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Pneumonia & Traumatic Delirium
Second, (Immediate,) Apnoea

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, City Cemetery

Date of Burial, April 21st 1879

Undertaker, Pat Mullin

Place of Business, Conbridge St

Dan'l Sheets *M. D.*
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 31796

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Wallace Gray

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, One *Years,* *Months,* Sixteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 52 Eath Washington Av.

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 21, 1879

Undertaker, H. A. Dayer

Place of Business, 74 S. Broadway

Wm H. Claudnier, M. D.
Medical Attendant.

Address, No. 102 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Williams

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 77 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number} 110 Orleans St

Cause of Death { First, (Primary,) ——— Second, (Immediate,) Old age

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, April 22 1879

Undertaker, M. A. Daiger

Place of Business, S. Broadway

James A Steuart M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by Geo E. Taylor

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4 M. 19 "1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Brady

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 35 *Years,* — *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during her life

Place of Death, {Give street and number} N° 65 Scott St.

Cause of Death, First, (Primary.) Consumption.

Second, (Immediate.)

Duration of last Sickness, 6 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon County Va.

Date of Burial, April 22nd 1879

Wm Riley M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th April 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Schaffer.

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, 22 *Years,* 7 *Months,* ~~ *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore. Md.

Duration of Residence in the City of Baltimore, 27 years. 7 mos.

Place of Death, {Give street and number.} 595. Hanford Ave.

Cause of Death, {First (Primary,) Ovaritis.
Second (Immediate,) Apoplexy. of Cord.

Duration of Last Sickness, In Consumation two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Paul Church

Date of Burial, April 21. 1879

Undertaker, H Schmidt

Place of Business, 263. Eager St

W. J. O'Reilly M.D.
Medical Attendant.

Address, 235. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

Date of Death, April 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Sachs

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Maryland University Hospital

Cause of Death First, (Primary,) Tuberculosis

Second, (Immediate,) Pleuritis & Empyema

Duration of last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, W. Dubbil Cemetery

Date of Burial, April 20 1879

C. C. Bruce M. D.
Medical Attendant.

Undertaker, Fred'k A. Kretchmer

Place of Business, 50 S. Carrollton Ave Address, Maryland Emmit Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Doyle

Sex, Male or Female, {cross out the word not required in this line.}

Age, 52 years *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number} No 4 Clay

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, April 22nd 1879 J. J. Litzer M. D.

Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 69 n Liberty *Address,* 160 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Anne. Richardson

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.} —

Age, 9 0. *Years,* — *Months,* — *Days.*

Color, ed *Sex,* —

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harve de Grace, Md.

Duration of Residence in the City of Baltimore, 4 Years.

Place of Death, {Give street and number.} 224 Saratoga, St.

Cause of Death, {~~First (Primary,)~~ / Second (Immediate,)} Old Age

Duration of Last Sickness, 3. Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 22d 1879

{*Undertaker,* Wm. J. Gray / *Place of Business,* 65 Mulberry St}

Dr. W. H. Corner M. D.

Medical Attendant.

Address 185 W. Fayette Corner Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Horace King

Sex, Male ~~or Female~~, {cross out the word not required in this line.} M

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 7c W. Durham St

Cause of Death First, (Primary,) Mal Nutrition

Second, (Immediate,) Marasmus

Duration of last Sickness, all his life

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, April 21st 1879

Undertaker, Pat. K. Mullin

Place of Business, ———

Thos. H. Slemons M. D.

Address, Comm. of Health & Regulator

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Comm by Geo E. Taylor

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th April 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas Clarence Getty

Sex, Male or Female, { cross out the word not required in this line. } ~~Male~~ Female

Age, ____ *Years,* 8 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number } 137 N Carrollton Avenue

Cause of Death, { First, (Primary,) Tubular Pneumonia / Second, (Immediate,) ____

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudenen Park C

Date of Burial, April 22 1879

Undertaker, J B Blackistone son

Place of Business, 606 Balt st

Lyt Jones M. D.
Medical Attendant.

Address, U S W Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[07 42.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th April 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Greenwood

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* 14 *Days.*

Color, White ~~Sex,~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 39 S. Exeter St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 22d 1879

Undertaker, Wm. L. Keighler

Place of Business, 41 S. Paca St.

Address 274 Madison Ave

H. W. Dimmigs M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1387

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Alphonsus Hull

Sex, Male or Female, {Cross out the word not required in this line.} - Male -

Age, ____ *Years,* (3 *Months,*) ____ *Days.*

Color, ____ *Sex,* ____

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 40 Cohen alley

Cause of Death, First (Primary,) Diarrhoea mor.

Second (Immediate,) Exhaustion

Duration of Last Sickness, - 4 Days -

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 22nd 1879

{*Undertaker,* John C. Jordan

Place of Business, Park ave

Irving Miller M. D.
Medical Attendant.

Address Balto. Hom. Dispensary 25 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

Date of Death, April 20th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Blackston

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, ____ *Years,* (7) *Months,* ____ *Days.*

Color, Colored *Sex,* male.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B'k.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 40 Cohen Alley

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) exhaustion

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 22nd 1879

Undertaker, John C. Jordan

Place of Business, Park ave

Irving Miller M. D.
Medical Attendant.

Address Balto. Hom. Dispensary
25 Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Staker

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color,

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Darmstadt (germanie)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Corner John and Valley Sts

Cause of Death {First, (Primary,) general debility
Second, (Immediate,)

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore~~ St Alphonsus' Cemetery

Date of Burial, April 22d 1879

Undertaker, Henry Schultheis

Place of Business, *Address,*

J. H. Warner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Sedden

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 55 *Years,* 10 *Months,* 2 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} n Eden 95

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 22d 79 E. G. Baldwin M. D.

Medical Attendant.

Undertaker, Fry & Sno

Place of Business 54 N. Broadway *Address,* 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph L. Dunfield

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} University Hospital

Cause of Death First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist Burying ground

Date of Burial, April 22 nd 1879

Undertaker, J. B. Cook

Place of Business, No 707 W. Baltimore Street

F. B. Brune M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 31721

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. Richards

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Sixty *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cigar Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland (Baltimore)

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No 223 Gough Street

Cause of Death, {First, (Primary.) ———

{Second, (Immediate.) Dropsy

Duration of last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 22nd 1879 Jm H Chudsmen *M. D.*

Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway *Address,* No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Coffay

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* ..... *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 146 Cathedral St

Cause of Death {First, (Primary,) Pneumonia

Second, (Immediate,) 12 days

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, April 22nd 1879

Louis W. Knight M. D.
Medical Attendant.

Undertaker, Jos St Boyd and

Place of Business, 57 N. Liberty St

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 21, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McNamara

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 12 *Years,* 9 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, At H

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} N. York

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Depressed Fracture of Skull
Second, (Immediate,) Shock 2

Duration of last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemy

Date of Burial, April 22nd 1879

Undertaker, John Eichbaeh

Place of Business, City

David Streett M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Fifty-two *Years,* *Months,* *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Coal-heaver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll County Md.

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number.} Mason alley No.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, St. P. St Cemetery

Date of Burial, April. 22 1879

Undertaker, John L Gordon

Place of Business, 63 Park Ave.

S.K. McCrick M. D.
Medical Attendant.

Address 131 N. Middle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board[illegible] of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

APR 22 1879 BALTIMORE

Permit No. 31725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abraham Wyeman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 136 Stirling St

Cause of Death {First, (Primary,) ——— Second, (Immediate,) Convulsions

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 22nd 1879

Undertaker, C. A. White

Place of Business, Granby St

Jas A Steuart M. D.
~~Physician in attendance~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulter Govt. Phy

Boar[redacted]g of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Parker

Sex, Male or Female, {cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Worker Indoors

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 265 Orono

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Half hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 22 1899

Undertaker, S. Wilmans

Place of Business, 1788 Howard *Address,* 116 Howard St

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it [illegible] duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under hi[illegible] furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Ce[illegible] ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) [illegible] son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board [illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 22 1879 BALTIMORE

APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leadon Olivier

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 18 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 104 Camden St

Cause of Death, First, (Primary.) Scrofula

Second, (Immediate,) Tuberculous meningitis

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 22 1879

Undertaker, S. W. Shane

Place of Business, 198 S. Howard St

H. Gordon Cord M. D.
Medical Attendant.

Address, 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31 [redacted] #31728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Elmes.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, Col'd *Sex,* Female

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 5 years.

Place of Death, {Give street and number.} 107 Chesnut Alley,

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) " "

Duration of Last Sickness, Has been unwell for one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 22 1879

Undertaker, S. W. Chase

Place of Business, 198 & Howard St Address 98 N Green St

Thos L Pennington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Boar[illegible]more,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 22 1879 HEALTH DEPT BALTIMORE

APR 21 1879 HEALTH DEPT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George M Stumpf

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 63 *Years,* *Months,* 20 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany — 40 Years —

Duration of Residence in the City of Baltimore, 40 Years —

Place of Death, {Give street and number} Conway & Fremont Sts —

Cause of Death, {First, (Primary,) Pulmonary Tuberculosis —
Second, (Immediate,)

Duration of last Sickness, 18 Months —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 23rd

J. H. Money M. D.
Medical Attendant.

Undertaker, F. N. Troll

Place of Business, 131 Hanover *Address,* 76 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

31730

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 22 - 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Lehmen

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, One *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 113 Ross St Baltimore Md

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number} 113 Ross St

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,) Convulsions

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, April 23

Undertaker, Charles Lee

Place of Business, 11 S Eutaw

H. H. Kuan M. D.
Medical Attendant.

Address, 1 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Wm. J. C. Dulany & Co. City Printers and Stationers.

...AL STATISTICS.

Permit No. 31731

The Physician who at... person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or ... *twenty-four hours* after the death of said deceased, or sooner, if requested so to do.

No Permit for Burial can be obtained with... DEPART...

CERTIFICATE OF DEATH. 31731

Date of Death, April 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. A. & E. L. Woodside

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 1/2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 758 Lexington St

Cause of Death { First, (Primary,) ... Second, (Immediate,) Cyanosis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 23 1879

M. D.

Medical Attendant.

Undertaker, H. W. Dunkirk Jr.

Place of Business, Light St | *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

female child, [illegible]
[illegible] Lexington [illegible]
[illegible] April 21st [illegible]
Died at 10 P.M. same day
Cyanosis, Premature [illegible]
April 22 1879 M. Hickethier M.D.

#31731

Boa[illegible]; City of Ba[illegible]ore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under pehalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Wheeler

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U.S.A. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} M. & C. Hospital

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, April 22

Undertaker, H. H. Blizzard

Place of Business, 201 Penna. Ave

F. A. Cook M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 1879 BALTIMORE

Permit No. 31733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 21. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Della Cotten

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female.

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N Carolina

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, {Give street and number.} 111 Harlem Avenue. Baltimore City

Cause of Death, First (Primary,) Childbirth

Second (Immediate,) Fever

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Norfolk. Va

Date of Burial, April 22 nd

Undertaker, C. H. Blizzard.

Place of Business, 201 Penna. ave

A. A Kinsolving M. D.
Medical Attendant.

Address No 59 N Charles St
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Trans 1388

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hannah Preaco

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 90 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 249 E Balto St

Cause of Death, { First (Primary,) / Second (Immediate,) } Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 23rd 1879

F. E. Cooke M. D.
Medical Attendant.

{ *Undertaker,* Theodore Lecky
{ *Place of Business,* 73 Jefferson St *Address* 241 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 105

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L. Shroder

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 26 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 8 Riverside av

Cause of Death, First, (Primary.) Congestion Lungs

Second, (Immediate,)

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 23rd 1879

H. B. Stobb M. D.
Medical Attendant.

Undertaker, Armstrong Bros

Place of Business, ~~No 255 Eutaw~~ *Address,* 17 Barnum av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23th April 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} John Haman

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ~~Tinner~~ Tinman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and number.} Gaughstreet 206.

Cause of Death, {First (Primary,) ... Second (Immediate,)} Tuberculosis Pulmonum

Duration of Last Sickness, 1½ years

All the above Information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 25 April 1879

Undertaker, John C. Schenck

Place of Business, 265 Aliceanna

William Henkel M. D.
Medical Attendant.

Address S. Wolfe st. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 23 1894 BALTIMORE

Date of Death, April 22 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ester Corbett,

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 57 *Years,* *Months,* *Days*

Color, White.

Married, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, 34 Years.

Place of Death, {Give street and number.} 10 N. Exeter St.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 9 months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 24th

Undertaker, Geo. Schilling

Place of Business, 16 S. Eutaw

L. H. Houck M.D.
Medical Attendant.

Address. 95 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Cole

~~Sex~~, *Male* ~~or Female~~, {cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number} Baltimore Infirmary Pitchers Palmonalis

Cause of Death {First, (Primary,) Pleurisy / Second, (Immediate,) 3 months

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 23 1879

Undertaker, W & Watchman Agt

Place of Business, 179 S Bond St

Edmund C Carr M. D.
Medical Attendant.

Address, Balto Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 1879 BALTIMORE

Date of Death, April 22 and 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos H. Garrett

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 66 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} King & Queen Co Va

Duration of Residence in the City of Baltimore, Transient

Place of Death, {Give street and number} 44 S. Paca St.

Cause of Death First, (Primary,) Believed to be Heart disease

Second, (Immediate,) Short

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, King & Queen Co Va

Date of Burial, April 23d 1879

Undertaker, John Thacher

Place of Business, Light & Fayette Sts

R. C. Lee M. D.
Medical Attendant.

N. W. cor Conway

Address, Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Born 1389

No. 140

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Clayton Callenberger

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cumberland Md.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number} 154 Chesapeake Balto.

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, 19 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, April 24th 79

E. J. Williams M. D.
Medical Attendant.

Undertaker, Theodore J. Stokes

Place of Business, 73 Jefferson St *Address,* 17 Belvidere St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over]

No. 31741

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31741

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian G. Lamar

Sex, Male or Female, {cross out the word not required in this line.}

Age, Two *Years,* Five *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number} 261 S. Broadway

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus.

Duration of last Sickness, Five weeks.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, April 24th 1879

Nicholas L. Duhill M. D.
Medical Attendant.

Undertaker, Peter Piney

Place of Business, 94 Eden Av *Address,* 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Brown

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 50 *Years,* ——— *Months,* 0 ——— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Dunning life

Place of Death, {Give street and number} 102 Orchard St

Cause of Death { First, (Primary,) Hemorrhage - Pulmonary —
Second, (Immediate,) Death - Sudden -

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Zion Cemetery

Date of Burial, April 23. 79

Undertaker, J W Chase

Place of Business, 198 Howard St *Address,* 89 Myrtle St

J H Keller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31743.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 23 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. N. Black

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} Maryland Hospital

Cause of Death First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Batt Cemetery

Date of Burial, April 23. 1879

Undertaker, J. B. Blackistone & Son

Place of Business, 606 Batt St

T. B. Bruce M. D.
Medical Attendant.

Address, Maryland Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 31744

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31744.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP APR 23 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 22, 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Margaret Bollinger

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* Seven *Months,* Four *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number } No 296 Bank Street

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Convulsions

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Grn.

Date of Burial, Apr. 24 1879 Jno H Chudwick M. D.
Medical Attendant.

Undertaker, ____

Place of Business, ____ *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 22. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lorla Rebecca Dukelaet

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, 11 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cecil Co. Md

Duration of Residence in the City of Baltimore, 8 years,

Place of Death, {Give street and number.} 3 Forrest St

Cause of Death, First (Primary,) Scarlet Fever, Pericardial

Second (Immediate,) Nephritis, with effusion into Pleural, &

Duration of Last Sickness, 4 weeks - Pulmonary & Pericardial Cavities

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 23rd 1879

Undertaker, Wm. E. Shumaker

Place of Business, Mosher & Pennabe *Address* 247 Lemmale St

J. L. Ingle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Diagnosis verified by post-mortem Examination -

The Special Attention of Physicians is respectfully invited to the remarks below, and to the ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry Logan

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 23 *Years,* ..... *Months,* ..... *Days*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Bank clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Cor Mt Royal ave & Mc Mechin st

Cause of Death, First (Primary,) ostes sarcoma

Second (Immediate,) edoema of lungs.

Duration of Last Sickness, seventeen months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, April 24/79

Glenn Tanaphill M.D.
Medical Attendant.

Undertaker, R. Emmons Sons

Place of Business, 1192 E Monument

Address, 1291 N Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 31747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, Male or Female, {cross out the word not required in this line.} [illegible]

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days.*

Color, [illegible]

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} [illegible]

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) [illegible]

Duration of last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, April 23d 1879

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Adler

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* — *Days.*

Color, Colored *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md,

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 231 Preston St

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate.) Consumption

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 23d

Undertaker, P. Kimmel

Place of Business, 317 Mulberry St Address

J. Gilmeen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31749

The Physician who attended [illegible] out, to the Undertaker or other person [illegible] sooner, if requested so to do, under penalty of [illegible]

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas H. Brawder

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 45 Parrish alley

Cause of Death First, (Primary.)

Second, (Immediate.) Infantile Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemet

Date of Burial, April 24th 1879

Thos A Allen M.D.

Medical Assistant

Undertaker, Fred A Kirchner

Place of Business, 50 S. Carrollton Av

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ... rtificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

APR 23 1879 BALTIMORE

Permit No. 31750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Dutton

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 5 Years, Months, Days

Color, C C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Carroll County Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 16 Little Pine St

Cause of Death, First (Primary,) Hepatitis.

Second (Immediate,) " chronic. ascites.

Duration of Last Sickness, All about 2 Months.

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, April 23rd 1879

Undertaker, Abraham Wayman

Place of Business, 13 Doradaga St

Wm Hammond M.D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Long

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 32 *Years,* —— *Months,* —— *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Civil Engineer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, about 18 years

Place of Death, {Give street and number} 69 Marsh Market Space

Cause of Death { First, (Primary,) Epilepsy
, { Second, (Immediate,) Convulsions

Duration of last Sickness, Subject to Fits for years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 24th 1879

Thos. A. Glenn M. D.
Medical Examiner.

Undertaker, L. James

Place of Business, 69 Centre M. Spa *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor M.D.

No. [illegible]2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wilson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, forty *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} M

Occupation, Boatman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Annapolis Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Fort Carlton Lo

Cause of Death, First, (Primary,) Drowning

Second, (Immediate,)

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, [illegible]

D. C. Ireland M. D.
Medical Attendant.

Undertaker, W E Wehrman

Place of Business, 179 S [illegible] *Address,* Coroner E.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1390

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba[illegible]e.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31753

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary " "

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* about 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Irrndlny

Duration of Residence in the ~~City of Baltimore~~ Her lifetime 5 days

Place of Death, {Give street and number} St Vincents infant asylum

Cause of Death {First, (Primary,) Opium poisoning from

Second, (Immediate,) which it never recovered

Duration of last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 24 1879

Undertaker, Saml Brown

Place of Business, 156 Division

Mathew Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31754

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 April 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mojica

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* About 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Spain

Duration of Residence in the ~~City of Baltimore~~ Born 3 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death First, (Primary,) This infant was a premature birth

Second, (Immediate,) under 7 mos from appearance

Duration of last Sickness, died from Asthenia

All the above information should be furnished by the Physician.

Place of Burial Bonnie Brae

Date of Burial, April 24 1879

Undertaker, Saml Brown

Place of Business, 156 Division St.

Mahlon Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba... ...ificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31755

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 24 1879

CERTIFICATE OF DEATH.

Date of Death, April 23rd 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parents James Rourke Margaret Rourke

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 17 hours ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 10 Clark St

Cause of Death { First, (Primary,) Premature labor - Twin Child
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem

Date of Burial, April 24th 1879

Undertaker, John H Haley

Place of Business, N Eutaw St

J. J. Keller M. D.
Medical Attendant.

Address, 89 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Health Laws, and to the ... Certificate.

Board of Health, City of Baltimore,

Permit No. 31956

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23. April 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Haines

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 0 *Years,* 18 *Months,* *Days*

Color, wht

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 132 Dolphin St

Cause of Death, First (Primary,) meningitis

Second (Immediate,) dropsy of Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cmty

Date of Burial, April 25 1879

Undertaker, C F Denier

Place of Business, 271 N Eutaw St

Glane Tanyhill M.D.
Medical Attendant.

Address, 129 N. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Emerick

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* 11 *Months,* 23 *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number.} St. Vincents Hospital

Cause of Death, {First (Primary,) Second (Immediate)} Ovarian Dropsy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cem

Date of Burial, April 24th 79

W. T. Howard M. D.
Medical Attendant.

{*Undertaker,* Wm. Eilau
Place of Business, 101 Clough St} *Address* 181 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th of April 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Ferdinand Dicty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 15. Months, Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N 475 E. Chase St.

Cause of Death, First (Primary,) Hydrocephalus chronicus.
Second (Immediate,) Eclampsia.

Duration of Last Sickness, under my attention from the 18th April.

All the above information should be furnished by the Physician.

Place of Burial, St. alphonsus

Date of Burial, April 24 1879

Undertaker, John Herwig

Place of Business, 382 Orleans St

D. Caldwell Ireland Jr. M.D.
Medical Attendant.

Coroner E.D.

Address ~~N 475 Eastern Ave~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 23. 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Blackiston

Sex, Male or Female, {cross out the word not required in this line.}

Age, 69 Years, ____ Months, ____ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent County Md.

Duration of Residence in the City of Baltimore, Forty years. (40 yrs)

Place of Death, {Give street and number} 4 Hall Alley.

Cause of Death, First, (Primary.) General debility

Second, (Immediate,) ____

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 24th 1879

Undertaker, [illegible]

Place of Business, [illegible]

D. Hamilton M. D.
Medical Attendant.

Address, 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE APR 24 1879

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Dolan

Sex, Male or Female, {cross out the word not required in this line.}

Age, One *Years,* *Months,* Fifteen *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 60 320 McDonogh

Cause of Death, First, (Primary.) Pneumonitis

Second, (Immediate.) Rubeola Pneumonitis

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 24th 1879

Undertaker, Adam Fink

Place of Business, 461 North Gay. *Address,* 361 N Broadway

[illegible] White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. APR 24 1879 IMORE

Date of Death, April 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Emma Pearson

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 34 *Years,* — *Months,* 22 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} New Jersey

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 115 Montgomery St.

Cause of Death, {First (Primary,) Metritis

Second (Immediate.) 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, April 25th 1879

{*Undertaker,* Timothy Kenny

{*Place of Business,* 263 Light

R. C. Lee M.D.
Medical Attendant.

Address. Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ... cate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo W^m Carmack

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, *Sex,*

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and number.} St Vincents Hospital

Cause of Death, First (Primary,) Morbus Brightii

Second (Immediate,) Cerebral Hemorrhage

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Port Deposite

Date of Burial, April 26 79

Undertaker, J W Jenkins & Son

Place of Business, 16 Light St.

Thos L Smith, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Issued 7391

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31763

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wile H Brun

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* 7 *Months,* 28 *Days.*

Color, cl

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Hostler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co

Duration of Residence in the City of Baltimore. 15 Years

Place of Death, {Give street and number.} 46 Eldon Lane

Cause of Death, {First (Primary,) Phthisis
Second (immediate,) Anasarca

Duration of Last Sickness, 17 Days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery *Chas. Colburn* M. D.

Date of Burial, April 24 1879 Medical Attendant.

Undertaker, J B Wehrle

Place of Business No 198 Howard St *Address* 369 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 31764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry J. Schultheis

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* 4 *Months,* 14 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } 42 N. Calhoun St.

Cause of Death, { First, (Primary.) Marasmus / Second, (Immediate,) Exhaustion

Duration of last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 24

Undertaker, Franklin Diffel

Place of Business, Balt. & Pratt Sts

G. Glanville Leek M. D.
Medical Attendant.

Address, Balt. & Pratt Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cathodie Hartman

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 1 y *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 86 Hanover Lane

Cause of Death { First, (Primary,) Tricordilis
, Second, (Immediate,) 5 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Westen Cemetery

Date of Burial. 25th 1879

Wm. N. Benson M. D.
Medical Attendant.

{ *Undertaker,* John S Mackey
{ *Place of Business,* No 150 Camden st

Address, 164 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 31766

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adolph Liggan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color col *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 12 Lewis al.

Cause of Death, First (Primary,) Tuberculous Meningitis.

Second (Immediate,) ____

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laird Cemetary.

Date of Burial, April 24th

Jno. G. Clapp M. D.

Medical Attendant.

Undertaker, Wm. H. Madden

Place of Business, 29 & 31 Howard St Address Park Ave & Mulberry St

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Rules and Regulations on the reverse.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary E. Keefer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* 26 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 101 Orchard St

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Dropsy (Cardiac)

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetary

Date of Burial, April 24th 1879

Undertaker, C. Wiegand

Place of Business, 53 Druid Hill Ave

Jno. C. Harris M. D.
Medical Attendant.

Address No 360 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE APR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. Brown

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 28 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Fisherman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Chesterstown

Duration of Residence in the City of Baltimore, Ten years

Place of Death, { Give street and number } Jones Court Caroline & Mosher

Cause of Death, { First, (Primary,) Trismus Second, (Immediate,) }

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, April 24th 1879 G. H. Lueck M. D.

Medical Attendant.

Undertaker, Wm. D. Locke

Place of Business, Jefferson St. *Address,* Balt. & East. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 31769

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th mo 23d 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Wannebeiger

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 72 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, Widow

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} London England

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number} 23 N Libery

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Apr 25 79

Undertaker, Staub & Mann

Place of Business, 35 East

W. M. Riley M. D.
Medical Attendant.

Address, 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]0

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Frances Banks

Sex, Male or Female, { cross out the word not required in this line. }

Age, ~~1~~ 13 *Years,* ..... *Months,* ..... *Days.*

Color, African

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 12 Yrs.

Place of Death, { Give street and number } 6 Hardens Court

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Straps St. Cem.

Date of Burial, April 24th 1879

Undertaker, Jacob Davis

Place of Business, 103 Lee St. *Address,* 315 Eighth St.

W. P. Ellis M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 25.]

No. 31771

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31771.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laurie Drumler

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 253 E. Eager St.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Asthenia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cem

Date of Burial, April 24 1879

Undertaker, Geo. Keck

Place of Business, 319 Central Ave

H. Jones M. D.
Medical Attendant.

Address, 25 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lee Clark

Sex, Male or Female, {cross out the word not required in this line.}

Age, 14 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 56 W. Hoffman st

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Paralysis of the Heart

Duration of last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, 25th April 1879

Undertaker, H. W. Deckies & Son

Place of Business, 16 Light St

Thomas Shearer M. D.
Medical Attendant.

Address, 971 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31773

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 23. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Edward Hollis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} Orleans N. & 2.

Cause of Death, {First (Primary,) Croup & Diphtheria / Second (Immediate.)}

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenlee Comb.

Date of Burial, April 25th 1879.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St. *Address*

C. H. Pike M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mabel Ida Keith

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 7 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 76 Maryland Ave

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 25th April 1879

Undertaker, Henry W Jenkins Son

Place of Business, 16 Light St. *Address*

J H Summers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 31775

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4 mo 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Wright

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number} 47 Brune St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, April 26 1879

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St.

Wm Riley M. D.
Medical Attendant.

Address, 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm J. Quigley

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Printer

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life Res 108 Maryland Ave

Place of Death, {Give street and number} America Building Co South & Bal-

Cause of Death, First, (Primary,) Accidental fall down stair-way

Second, (Immediate,) Fracture of base of skull & of neck

Duration of last Sickness, 25 minutes

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, April 26 1879

Edmund R Walker M. D.

~~Medical Attendant~~

Undertaker, Undertaker

Place of Business, 118 E Fayette St

Address. Coroner in P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 d April 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Leichardt

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and number.} 135 Ridgely pl

Cause of Death, {First (Primary,) Epilepsie; Second (Immediate,)}

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 25 1879

Undertaker, S W Chase

Place of Business, No 198 Howard St

Address 95 S. Sharp pl

A. Albers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 25 1879 BALTIMORE

Date of Death, April 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie E. Kenny

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 17 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 152 1/2 S. Broadway

Cause of Death { First, (Primary,) Cerebritis
Second, (Immediate,) Convulsions

Duration of last Sickness, 20 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, April 25th

Undertaker, C. H. Kenney

Place of Business, 136 E. Fayette St

C. Lynch M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 31779

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. APR 25 1879 BALTIMORE

Date of Death, April 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victoria Amanda Chaillon

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months,* *Days.*

Color,

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 18 Miller St

Cause of Death { First, (Primary,) Acute Meningitis
Second, (Immediate,) Convulsions

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 26 1879

Undertaker, Henry Heck

Place of Business, 304 N. Central Ave

Wm. J. Russell M. D.
Medical Attendant.

Address, Broadway & Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31780

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria C. Rojas

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~*Widow or Widower?*~~ {Cross out the words not required in this line.}

Occupation, ~~———~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and number.} 186 Druid Hill Ave

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) Inanition

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, April 25 1879

Medical Attendant, Edw'd A. Price M. D.

{*Undertaker,* Jas P Byrne

{*Place of Business.* 63 Front st

Address 45 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Knell

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 Years, Seven Months, Days.

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} #10 Oxford St.

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,)

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 25th 1879

Undertaker, R. Kummel

Place of Business, [redacted]

Louis W. Knight M. D.
Medical Attendant.

Address, 42 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dinah Kemp

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 2 *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Raborg St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 88 Perry Alley

Cause of Death, First (Primary,)

Second (Immediate,) She was dead when I was called to see her Supposed from Strangulation from Colic - as she died in the act & up to that time was well.

Duration of Last Sickness, — death was immediate

All the above information should be furnished by the Physician.

Alfred Hughes M. D.

Medical Attendant.

Place of Burial, Sharp St. Cemetery

Date of Burial, 25th April

Undertaker, Jacob Davis

Place of Business, 108 Lee St.

Address 234 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas A. Savage

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* *Months,* 11 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Stockton al. Balto Co.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} Raby, 57, 259

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, April 25th 1879

Undertaker, Wm. N. Dungle

Place of Business No 62 East St

H. N. Shultz *M. D.*
Medical Attendant.

Address N. E. Arlington av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23rd April 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Carrie May Shuler

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Years,* 7 *Months,* 10 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 71 Booth St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 2 Amity St (South)

Cause of Death, { First (Primary,) Inanition

{ Second (Immediate.) from Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetry

Date of Burial, April 25th 1879

Undertaker, Wm. N. Dingle

Place of Business, No 62 East St

P. D. Benson M. D.
Medical Attendant.

Address 187 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Carol Carroll

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 10 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 79 N Stricker St

Cause of Death {First, (Primary,) Pneumonia

{Second, (Immediate,) Consumption

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 25th 1879

Undertaker, Wm. J. Quigley

Place of Business, 1162 East Pratt St

Wm. E. Russell M. D.
Medical Attendant.

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ballon Mitchell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Thirty one Years, ~~Thirty~~ one Month, ____ Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grocery Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 650 Madison Ave

Cause of Death, First (Primary,) Pneumonia fol. by Dysentery
Second (Immediate,) Supervention of Pneumonia in the ...

Duration of Last Sickness, Thirteen Day

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Cemetery

Date of Burial, April 26th 1879

Undertaker, Jos. G. Hughes

Place of Business, 235 Madison Ave

Elias C. Price M. D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday April 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May A. Comer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 8 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} # 146 E. Eager St.

Cause of Death { First, (Primary,) Inanition
Second, (Immediate,) Convulsions
Third Day

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 25th 1879

Undertaker, Henry W. Mears

Place of Business, 145 N Gay St

William Brinton M. D.
Medical Attendant.

Address, 269 N Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza A Kelly

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 84 *Years,* 2 *Months,* ..... *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Haven Conn

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give street and number} 248 N Carey'n

Cause of Death, First, (Primary,) old age

Second, (Immediate,) .....

Duration of last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Apr 26/79

Undertaker, J Hughes Jr

Place of Business, 550 N Fayette St

G W Miltenberger M. D.
Medical Attendant.

Address, 121 W Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[ov...]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 25 1879 BALTIMORE

Date of Death, April 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Virginia Royston

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, Five *Years,* Eleven *Months,* Sev *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 97 Chew St

Cause of Death, First, (Primary.)

Second, (Immediate,) Pneumonitis

Duration of last Sickness, About Thirteen Days

All the above information should be furnished by the Physician.

Place of Burial, Parkton Balto Co

Date of Burial, April 25/79

Milton A. Taylor M. D.
Medical Attendant.

Undertaker, Fry & Lee

Place of Business, 561 ½ Broadway

Address, Broadway & Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Branch 1392

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

Date of Death, April 24th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie A Lucas

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Phila Pa

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number} 362 N Gilmor St

Cause of Death, First, (Primary,) Bright's Disease of Kidneys

Second, (Immediate,) Uraemic Convulsions

Duration of last Sickness, 32 hours

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 27th 1879

Undertaker, John T. Weaver

Place of Business, 22 W. Fayette St.

J. J. Keller M. D.
Medical Attendant.

Address, 89 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [redacted]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick G Hoffmann

Sex, Male or Female, {cross out the word not required in this line.}

Age, twenty-five *Years,* four *Months,* eleven *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, shoefitter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty three years

Place of Death, {Give street and number} 48 Pennsylvania Ave.

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Consumption

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 26/79

Undertaker, C. Hensehel

Place of Business, 45 Pensel Ad

John I. Litzer M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. APR 25 1879 BALTIMORE

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bright Canny

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 70 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, April 26. 1879

Undertaker, M. A. Saiger

Place of Business, 74 S. Broadway

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31793

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. BALTIMORE APR 25 1879

Date of Death, ~~25th~~ April 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Raymond Ames

~~Sex~~, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 73 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bishop of the Methodist Episcopal Church.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Amesville Athens Co Ohio.

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, {Give street and number.} 184 Mc Culloh Street

Cause of Death, First (Primary,) Chronic Bronchitis

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Five months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cy

Date of Burial, Apr 27

Undertaker, Stewart & McCann

Place of Business, 30 Park.

H. H. Starr M.D.
Medical Attendant.

Address, No 16 N Liberty Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Matilda G. Lusby.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Somerset Co Md

Duration of Residence in the City of Baltimore, 34 yrs

Place of Death, { Give street and number. } 618 Druid Hill Av

Cause of Death, { First (Primary,) Varicose Veins / Second (Immediate,) Haemorrhage

Duration of Last Sickness, Since Jan - died on my birthday.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 26th 1879.

Undertaker, Jno. H. Pickman

Place of Business, 234 N. Gay St.

A. Tousley M. D.
Medical Attendant.

Address 386 Druid Hill Av City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [redacted]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31795

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1879

CERTIFICATE OF DEATH.

Date of Death, April 25th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Scharff [redacted]

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, ~ *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and number} No 95 Columbia Av.

Cause of Death, First, (Primary,) Pleurisy

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, April 27th

Undertaker, [illegible]

Place of Business, [illegible]

Chas. Buddenbohm M. D.
Medical Attendant.

Address, 166 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Charlotte R. Southcoff

Sex, Male or Female, {cross out the word not required in this line.}

Age, 84 55 *Years,* *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co Md. Germany

Duration of Residence in the City of Baltimore, Most of her life

Place of Death, {Give street and number} 20 Pearl St

Cause of Death, First, (Primary,) Natural - cause decay

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, April 26, 1879

H. F. Hill M. D.

Medical Attendant.

Undertaker, Jos F. Loane

Place of Business, 141 W Fremont St

Address, 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Mary E. Forse

Sex, ~~Male~~ *or Female,* { cross out the word not required in this line. }

Age, 46 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation, Housework

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Mt. Desert Me.

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, { Give street and number } 32 S. Charles St.

Cause of Death, First, (Primary,) Cirrhosis

Second, (Immediate,) Anasarca

Duration of last Sickness, seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery Md

Date of Burial, April 26/79

Undertaker, Fry & Son

Place of Business, 134 N Broadway

Wm G. Caswell M. D.
Medical Attendant.

Address, Balt. & Hanover Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25th April 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mt Christine {Louisa Snyder / Phillip Snyder (Parents)

~~*Sex,*~~ *Male or* ~~*Female,*~~ {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 Sons ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Mt Auburn St. above

Cause of Death First, (Primary,) ..... Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cemetery

Date of Burial, April 27 79

Undertaker, J B Harbaugh

Place of Business, 411 Light St

R. W. Dodge M. D.
Medical Attendant.

Address, 201 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 31799

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Sables

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 160 N Chesapeake St

Cause of Death, First, (Primary,) Anasarca

Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, April 26th 1879

Undertaker, Vaughn & Co

Place of Business, 65 S Broadway

E. Jones Wilkins M. D.
Medical Attendant.

Address, 19 Patterson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31800

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Staehr

Sex, Male or Female, {cross out the word not required in this line.} ____ *Years,* 2 *Months,* ____ *Days.*

Age, ____

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 yr & 8 months

Place of Death, {Give street and number} Measles

Cause of Death, First, (Primary,) Double Pneumonia

Second, (Immediate,) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Home.

Date of Burial, Sunday April 27th 1879

Undertaker, Conrad Kunkel

Place of Business, 60 Park ave.

Geo. Raynor M. D.
Medical Attendant.

Address, 43 N. Caverst St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

Board of Health, City of Baltimore.

Permit No. 31801

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25th April 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Schmidt.

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 12 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During life time

Place of Death, {Give street and number.} N. Chapel St. 92

Cause of Death, First (Primary.) Dentitio

Second (Immediate.) Convulsiones

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery

Date of Burial, April 26th 79

Undertaker, Ambrose Fuller

Place of Business, 244 E Lombard

William Hemmel M. D.
Medical Attendant.

Address S. Wolfe & 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 31802

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel McC. Emory,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, white,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} June Trundle, Co. Md.

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number} 535 E. Fayette St.

Cause of Death, First, (Primary,) Lobular Pneumonia,

Second, (Immediate,) Maniacal Delirium,

Duration of last Sickness, Twelve days.

All the above information should be furnished by the Physician.

Place of Burial, A. A. Co. Md

Date of Burial, April 26 '79

Undertaker, Fry & Boyd

Place of Business, Broadway

G. Glanville Rusk M. D.
Medical Attendant.

Address, Bell & Hanover Sts.

[illegible] from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Trans 1393

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31803

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth McCauley

Sex, ~~Male or~~ Female {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single,~~ *Widow or* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} M?

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number.} 120 N. Poppleton St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, I saw her last mon

All the above information should be furnished by the Physician.

Place of Burial, Western Cem. H. M. Nilson M. D.

Medical Attendant.

Date of Burial, Apr 28-79

Undertaker, Haughton Co

Place of Business, 556 W. Fayette *Address* 257 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ann Caldwell.

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days.*

Color, Col'd

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Winchester, Va.

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number.} No. 3 Dotson's Court.

Cause of Death, First (Primary,) Don't know.

Second (Immediate,) Cerebritis.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 25 1879

Undertaker, S W Chase

Place of Business, 861 98 Howard St

Alex. Hill M. D.
Medical Attendant.

Address No 32 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml. Wheeler.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co'y

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 90 Welcome alley.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Morbid Dentition

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 26 1879

Undertaker, B Wehrase

Place of Business, No 198 Howard

R. L. H. Gatch M. D.
Medical Attendant.

Address, 152 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Crawford

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 71 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Carroll County Md

Duration of Residence in the City of Baltimore, about 30 yrs

Place of Death, {Give street and number.} 57 S Paca St Balt

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, 2 W about four months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 27th 1879

Undertaker, John S Boucher

Place of Business, Park & Fayette Sts

W M Hammond M.D.

Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention ... of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Shelley.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 71 *Years,* *Months.* *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Horse Dealer,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 60 years,

Place of Death, {Give street and number.} Gardner st,

Cause of Death, First (Primary,) Old age, with Chronic Bronchitis

Second (Immediate,) Collapse of the Lungs,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem't

Date of Burial, April 26th 1879

Jno. D. Pennington M. D.
Medical Attendant.

Undertaker, John O'Andrews

Place of Business, No 486 Druid Hill Ave *Address* 98 N. Green st,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

Date of Death, April 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry P Vey

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 63 Years, 5 Months, 8 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Harness Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number} 131 Pen Ave

Cause of Death { First, (Primary,) Pulmonary Consumption
Second, (Immediate,) 12 Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 27

{ Undertaker, C H Blizzard
Place of Business, 201 Penn Av Address,

S. T. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3180 9

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3180 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen F. & W. Hamel (Parents

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* M *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 50 S. Parrish St

Cause of Death {First, (Primary,)

{Second, (Immediate,) Convulsions

Duration of last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill Park

Date of Burial, April 27 1879

{*Undertaker,* A Weidemeyer

{*Place of Business,*

James A Steuart M. D.
~~Medical Attendant.~~

Address, Commissr of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jas Vansant Supt.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Unknown, found April 25th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Unknown

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, about 35 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Unknown

Occupation, Unknown, (Sailor)

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and number } Basin, of Fort McHenry, Boundary

Cause of Death { First, (Primary,) — Second, (Immediate,) } Drowned

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, P. P. Cemetery

Date of Burial, April 25th 1879

Undertaker, Fred'k J. Kirchner U. U. as Coroner's D.

Place of Business, 50 S. Caroll Ave *Address,* Harbor Basin &c.

R. C. Lee M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter J Fullerton

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 47 *Years,* — *Months,* — *Days*

Color, White

Married, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Sadler

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Native

Place of Death, {Give street and number.} No 1 St Mary's Ct

Cause of Death, First (Primary,) Chronic Bronchitis

Second (Immediate) Acute Bright's disease (Dropsy)

Duration of Last Sickness, Confined to house for a long time

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem.

Date of Burial, April 29th 1879

Undertaker, Jos H Byrne

Place of Business, 57 N Liberty St

W W Antrim *M. D.*

Medical Attendant.

Address, 192 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Flynn

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, House Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland (33 yrs in America)

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, {First (Primary,) Old Age / Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cem

Date of Burial, April 28 1879

Undertaker, Henry Hack

Place of Business, 309 Central Ave

Wm J Cox Henry M.D.
Medical Attendant.

Address, 158 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31813

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ora Cook

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Huckster

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Union Protestant Infirmary

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, one year

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 28 1879

Undertaker, Henry Hoeck

Place of Business, 309 N. Central Av

Chas Fawcett M.D.
Medical Attendant.

Address 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of ... to the back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Hawkins

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* One *Months,* fifteen *Days.*

Color, Mulatto *Sex,* ...

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 2 Little Pine Lt.

Duration of Residence in the City of Baltimore, Forty-five days

Place of Death, {Give street and number.} No. 2 Little Pine Lt.

Cause of Death, First (Primary,) Debility

Second (Immediate,) Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, April 26th 1879

Undertaker, Wm H. Bishop Jr.

Place of Business, #97 Druid Hill Av

F. B. Gardner M. D.
Medical Attendant.

Address 120 W. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 31815

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Reed

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 21 *Years,* 2 *Months,* 8 *Days.*

Color, Colored

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Accomac Co - Va

Duration of Residence in the City of Baltimore, Ten Years.

Place of Death, {Give street and number} # 25 E Cross St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Bethel Cemetery

Date of Burial, April 27

Undertaker, Hercules Ross

Place of Business, N. Gondlay St

L. A. Bell — M. D.
Medical Attendant.

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 31816

Board of Health, City of Baltimore,

Permit No. 31816

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Deutsch

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ~~____~~ *Years,* 13 *Months,* ~~____~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~____~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ~~____~~

Place of Death, {Give street and number} #33 Harmon Ln

Cause of Death, First, (Primary,) Tuberculosis Meningitis

Second, (Immediate,)

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Edenwald Cemetery

Date of Burial, April 26th 1879

Undertaker, M. Goldsmith

Place of Business, 63 N. High St

Thomas Dutton M. D.
Medical Attendant.

Address, 87 Old Town Rd

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bartholomew Cunningham

~~*Sex,*~~ *Male or* ~~*Female,*~~ {cross out the word not required in this line.}

Age, Sixty-eight *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number} 197 Montgomery st

Cause of Death { First, (Primary,) Phthisis Pulmonalis
, { Second, (Immediate,)

Duration of last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial April 26 th

{ *Undertaker,* Armstrong & Dorsey
{ *Place of Business,* 263 Light st

Edward Hall M. D.
Medical Attendant.
Address, Southern Dispensary
77 Hill st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31810

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31818

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac H. Collins

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 22 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Seaboser

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Worcester Co Md.

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, {Give street and number} Md & St James St

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate,) Pneumonia.

Duration of last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudal cemetery

Date of Burial, April 27 1879

Geo. F Taylor M. D.
Medical Attendant.

Undertaker, Charles A White

Place of Business, 35 Granby St *Address,* 210 N. Broadway

Extract from Regulations of the Board of Health to secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

Cause of Death { First, (Primary,) / Second, (Immediate,) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Levnel Cemetery

Date of Burial, Apr 27 1879

Undertaker, William Dorsey

Place of Business, No 62 East Street

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 31820

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Gallagher

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 44 *Years,* 7 *Months,* 11 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 31 N. Durham St

Cause of Death, First, (Primary,) Typhoid Pneumonia

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 28 1879

Medical Attendant. M. D.

Undertaker, Chas. Keat

Place of Business, 47 Hanover

Address, 57 W. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 21 1879 BALTIMORE

Date of Death, April 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward O Lee

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 1 *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} No. 6 Fairmount Avenue

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Congestion of Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 27th 1879

Undertaker, Hughes & Leo

Place of Business, 65 S Broadway

E. P. Jones *M. D.*
Medical Attendant.

Address, 406 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 31822

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Crawford

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 67 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemy

Date of Burial, April 28th 1879

Undertaker, Hughes Dolea

Place of Business, 658 Broadway *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31823

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. E. Bush

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 20 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} State of Alabama 9 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 288 E. Fayette

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 10 days (Confined to bed)

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, April 29th 1879

E. F. Brune *M. D.*
Medical Attendant.

Undertaker, Hughes & Leo

Place of Business, 65 S. Broadway

Address, 116 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 31824

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31824

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha E. Netter

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 0 *Years,* Two *Months,* — *Days.*

Color, Dark Brown

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~; {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore State of Maryland

Duration of Residence in the City of Baltimore, Two Months

Place of Death, {Give street and number} 82 Elbow Lane Baltimore

Cause of Death, First, (Primary,) Broncho-Catarrhus

Second, (Immediate,) Cerebro-Spinal Meningetis

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 27 1879

J. N. Mercer M. D.
Medical Attendant.

Undertaker, Harkless Ross

Place of Business, 25 Light St.

Address, 141 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31825

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31825

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gotthard Rode

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 1 — *Years,* 9 — *Months,* 22. — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } N. E. Corner of Hanover and Cross Sts

Cause of Death, First, (Primary,) Pneumonia and Meningitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, April 28th

Undertaker, H Briele

Place of Business, 81 Henrietta st

C. L. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31826

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31826

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Preston

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* 4 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No 171 Conway st

Cause of Death, First, (Primary.)

Second, (Immediate,) Spasm

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Met Oliver

Date of Burial, April 28th

C. A. Baddenhorn M. D.
Medical Attendant.

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

Address, 166 W. Pacca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31827

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 27 1879 BALTIMORE

Date of Death, April 25th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Southerland

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* 4 *Months,* 1 *Days.*

Color, Mulatto.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Danville Va Fifteen Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 144 Oxford St.

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 27 - 1879

{*Undertaker,* Wm. Madden

{*Place of Business,* 336, N Howard st

H. F. Hill M. D.
Medical Attendant.

Address 361 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 31828

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31828

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT APR 27 1879 BALTIMORE

Date of Death, 2. George Schwarz Sr.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} 1. April 26th 1879

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 52 *Years,* 1 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years.

Place of Death, {Give street and number} 11 Samuel alley

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Pulmonalis

Duration of last Sickness, 5 years.

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, April 28th 79

DR. J. H. SMITH, APR 27 1879, BALTIMORE, MD.

Undertaker, B. Starke

Place of Business, 411 Leight St.

M. D. Medical Attendant.

Address, 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31829

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31829

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Brodie

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 758 W Lexington

Cause of Death, { First, (Primary,) Septicaemia

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, April 28/79

Undertaker, W Watkins & Son

Place of Business, 16 Light St

E W Mitchell M. D.
Medical Attendant.

Address, 121 W Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31830

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Louisa Rice

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 17 *Months,* 5 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 84 S. Dallas St.

Cause of Death, {First (Primary,) Pulmonic Bronchitis / Second (Immediate,) Exhaustion from Acute / 4 Months

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, April 28th 1879

Undertaker, Theodore J. Leech

Place of Business, 13 Jefferson St

C. C. Stein M. D.
Medical Attendant.

Address 195 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 31831

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31831

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Winter

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No 83 Scott.

Cause of Death, First, (Primary.) Scarlatina Anginosa

Second, (Immediate,) Pyemia

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 28 April 1879. A. L. Buddenbohn M. D.

Medical Attendant.

Undertaker, Ph. L. Dill.

Place of Business, 183 Columbia ave *Address,* 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The special attention of ... of This Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31833

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

U.S. DEPT. APR 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William E Morse

Sex, Male or Female, {Cross out the word not required in this line.} "

Age, 38 *Years,* ____ *Months,* ____ *Days.*

Color, Negro *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Bar Tender.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 83 N Chestnut St

Cause of Death, {First (Primary,) Heart Disease

Second (Immediate,)

Duration of Last Sickness, about an hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 28 "

{*Undertaker,* A Wayman

Place of Business, No 13 Saratoga

Appleyard M. D.
Medical Attendant.

Address 133 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 818

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31833

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Smith

Sex, ~~Male, or~~ *Female,* {cross out the word not required in this line.}

Age, 59 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 9 Pine alley

Cause of Death {First, (Primary,) Consumption

{Second, (Immediate,)

Duration of last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem'y James A Steuart M. D.

Date of Burial, April 28th 1879 ~~Medical Attendant.~~

Undertaker, Hercules Ross

Place of Business, Conway St. *Address,* Commissioner of Streets

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by — Jo? Vansant M.D.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31834

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED APR 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marg't. Ms. Hall

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 81 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carrol County Md

Duration of Residence in the City of Baltimore, Sixty Years

Place of Death, {Give street and number} 434 E. Monument st

Cause of Death {First, (Primary,) Old Age
Second, (Immediate,)

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Public Cemetery

Date of Burial, April 29th

Undertaker, H. C. Pickenpaugh

Place of Business, 96 Monument st

D. F. Coyner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3185

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE APR 28 1879

CERTIFICATE OF DEATH.

Date of Death, April 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie & George Nicholson Parents

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 706 Saratoga St

Cause of Death {First, (Primary,) ——— Second, (Immediate,) Inanition all its life

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 28th 1879

James H Lemay M. D.
~~Medical Attendant.~~

Undertaker, W. H. Dungle

Place of Business, East St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr Vansant

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Marshal Paul Graef

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 *Years,* 11 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 197 S. Wolf St.

Cause of Death { First, (Primary,) Tuberculosis
Second, (Immediate,)

Duration of last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 29 1879

Undertaker, H. Frankish

Place of Business, Eastern ave

James F. Hand M. D.
Medical Attendant.

Address, 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY

No. 31837

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M Knight

Sex, Male or Female, {cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wilmington Del

Duration of Residence in the City of Baltimore, 6 Yrs

Place of Death, {Give street and number} 239 Montgomery st

Cause of Death, First, (Primary,) Softening of the Brain

Second, (Immediate,)

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 29th 1879

Newton Lee M. D.
Medical Attendant.

Undertaker, C F Kraus

Place of Business, 209 Hanover *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31838

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31838

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Peck

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 70 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co'y Md

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number} 212 Hughes St

Cause of Death First, (Primary,) Old age

Second, (Immediate,) Bronchitis

Duration of last Sickness, about 4½ months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 28th 1879

James A Clemens M. D.

~~*Medical Attendant.*~~

Undertaker, Hercules Ross

Place of Business, Conway St *Address,* Comm of Health

10 Augusta Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Beverly Diggs

COVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31839

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

Date of Death, Monday April 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Clark

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 57 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number} Cor Mulberry & St Paul's

Cause of Death {First, (Primary,) Phthisis

{Second, (Immediate,) Pulmonary Hemorrhage

Duration of last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 30

{*Undertaker,* J B Cook

{*Place of Business,* 707 West Baltimore St

Dinnitt Harris M. D.
Medical Attendant.

Address, Cor Arlington & Edmondson Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31840

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Lizzie A Ayres.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hanford County Maryland

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} Cor Monument & Forest Pl

Cause of Death {First, (Primary,) Pneumonia / Second, (Immediate,) Tuberculas Consumption

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, April 29 1879

Undertaker, S M Chase

Place of Business, No 198 Howard St

Wm L Russell M. D.
Medical Attendant.

Address, Broadway & Fredrick Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 9184

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha E. Cotton

Sex, Male or Female, {cross out the word not required in this line.} F

Age, 27 *Years,* ____ *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Worcester Co. Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number} 174 York St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,) Intritis pleuritis

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 28 1879

Undertaker, H Wilhelm

Place of Business, No 198 Howard St

Theodore Fo M. D.
Medical Attendant.

Address, 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 510

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31842

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stages

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 129

Cause of Death { First, (Primary.) / Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, April 29th

Undertaker, H Grochlich

Place of Business, 246 Eastern Av

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 31843

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31843

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

THE HEALTH DEPARTMENT APR 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} 283 East St —

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, April 28 79

Silas H. Hunter M. D.
Medical Attendant.

Undertaker, H C Micksfield

Place of Business, 97 Gov Street

Address, 97 Gov Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

For special attention of ... back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31844

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Champneys

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 2 *Years,* 5 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 56 S. Chappel St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Malign. sore throat

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Michal Cem

Date of Burial, April 28

Undertaker, John Brown

Place of Business, Durham St

L. Liebmann M. D.
Medical Attendant.

Address 223 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 3184

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Trainor

Sex, Male or Female, {cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 65 yrs

Duration of Residence in the City of Baltimore, 65 yrs

Place of Death, {Give street and number} 221 E Eager St

Cause of Death, First, (Primary,) Nervous Asthma.

Second, (Immediate,) from mouth (probably lung)

Duration of last Sickness, sudden death.

All the above information should be furnished by the Physician.

Place of Burial, St. Paul. Grnds

Date of Burial, Apr. 28th 79 Edmund Kavanaugh M. D.

Medical Attendant.

Undertaker, Stewart & Mart

Place of Business, #35 Park Av. *Address,* Corner Mt & E

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of ... to the Tenth Section ... and to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary McLane

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* 9 *Months,* 24 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, Six Months

Place of Death, {Give street and number.} 53 Parkin St

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, April 29th 1879

{*Undertaker,* W H Cook / *Place of Business,* No 727 N Baltimore Street}

J W McCosker M. D.
Medical Attendant.

Address 498 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Harris

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One Year, Three Months, Eleven Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Unemployed

Duration of Residence in the City of Baltimore, Continuous

Place of Death, {Give street and number} No. 44 Chase St.

Cause of Death First, (Primary,) Hereditary Phthisis

Second, (Immediate,) Emaciation & Convulsions

Duration of last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 29 1879

Undertaker, S. M. Shaw

Place of Business, 198 E. Baltimore St. *Address,* 146 Hill St

L. D. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 31840

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary An Bishop

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 66 *Years,* *Months,* *Days.*

Color, C

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, No.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland Easton

Duration of Residence in the City of Baltimore, 65 yrs

Place of Death, { Give street and number } No 36 Richmond St Hall

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Cardiac Effusion

...n of last Sickness, six Months

...above information should be furnished by the Physician.

... of Burial, Lyons St Cemetery

Date of Burial, April 20. 1879 J H Patterson M. D.
Medical Attendant.

Undertaker, D W Lemmel

Place of Business, 190 & Howard St *Address,* 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fridrich Sefler

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 67 *Years,* *Months,* *Days.*

Color, W *Sex,*

~~Married, Single, Widow or~~ Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bavaria

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Aged Mens Home

Cause of Death, { First (Primary,) Pulmonary Tuberculosis
Second (Immediate,) 8 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, April 30/79

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St.

Geo H Epstein *M. D.*
Medical Attendant.

Address 1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Ce

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT APR 29 1879 BALTIMORE

Date of Death, April 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Johnson

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, — *Years,* 7 *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 7 mo

Place of Death, {Give street and number.} 29 Bond Alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Burial Ground

Date of Burial, April 29th 1879

Undertaker, John J Andrews

Place of Business, 406 Druid Hill ave

Dr A. Gillis M.D.
Medical Attendant.

Address, 152 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31857

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gordon

Parents names L. C. & M. McGordon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 12 hours *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 311 N. Broadway.

Cause of Death, {First (Primary,) ..... Second (Immediate,)} Premature Birth, cause unknown.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 29. 1879

Undertaker, Mer. Frey & Bro

Place of Business, Broadway & Fayette St.

L. C. Gordon, M. D.
Medical Attendant.

Address 311 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H Guttenberger

~~Sex~~, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Artizan

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 36 Yrs

Place of Death, {Give street and number} HH Abts alley

Cause of Death { First, (Primary,) Brights Disease
Second, (Immediate,)

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Pats. Cemetery.

Date of Burial, April 30th

Undertaker, B. Harles

Place of Business, 411 Lafayette Ave.

R. W. P. Ellis M. D.
Medical Attendant.

Address, 316 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 310

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Mason

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 271 Hughes St

Cause of Death { First, (Primary,) Second, (Immediate,) Marasmus.

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 29th 1879

James H Steuart M. D. ~~Medical Attendant.~~

Undertaker, Hercules Rolk

Place of Business, Conway St *Address,* Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by Dr. Fitzpatrick

No. 318[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 318524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Howard Mother

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 hours ~~Days~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 130 Roboog St near Fremont

Cause of Death {First, (Primary,) / Second, (Immediate,)} Asthenia

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 29 1879 Thomas H Clem M. D.

~~Residence Attendant~~

Undertaker, W. M. Dungey

Place of Business, East St. *Address,* Comm of Healt & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by Dr. Fitzpatrick

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cassidy O. Brown

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ 2 *Months,* 28 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 151 N. Bethel St

Cause of Death {First, (Primary,) Convulsions

{Second, (Immediate,)

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemy

Date of Burial, April 29th 1879

Undertaker, Thos J. Locke

Place of Business, Jefferson St

James H Clemm M. D.
~~Attending~~ Attendant.

Address, Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Exam by John H. Coulter

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3185[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31856

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lydia A Ashman

Sex, ~~Male or Female~~, { cross out the word not required in this line. } Female

Age, Fifty One *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 584 W Fayette St

Cause of Death, First, (Primary,) Died Suddenly

Second, (Immediate,) We believe it caused death to have been Heart disease

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 30th April 1879

Undertaker, S. M. Leonard & Son

Place of Business, 782 W. Baltimore

H. G. Smithson M. D.
Medical Attendant.

Address, 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Croft

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 5 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 170 274 S. Charles St

Cause of Death, {First (Primary,) Scarlatina

{Second (Immediate,)

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 30. 1879

Undertaker, Andrew Leitz

Place of Business, 118 Druid Hill Ave. *Address* 203 N Lambard

J G Womble *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Lightner

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Twenty One Years, Months, Days.

Color, White Sex, Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Student

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number.} No 12 Chew St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Five Years.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

A. P. Yeates M. D.

Medical Attendant.

Place of Burial, Baltimore Cemetery.

Date of Burial, May 1st 10 Oclock

{Undertaker, Geo. C. Rodemayer Address 133. N. Eutaw St

{Place of Business, 38 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

Date of Death, April 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Meekins

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} S. W. Cor Hamilton & Charles Sts

Cause of Death First, (Primary,) Mal Formation

Second, (Immediate,) Atrophy

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 29th 1879

James A Steuart M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

Exam by Joseph Vansant [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David & Kate Powell, child

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* —— *Months,* One *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 84 Granby St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 84 Granby St

Cause of Death { First, (Primary,) Premature Birth
Second, (Immediate,)

Duration of last Sickness, One day – the last portion of yesterday

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, April 29th

Undertaker, David Powell

Place of Business,

A Siegfried Hertzer M. D.
Medical Attendant.

Address, 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Medcalf

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days.*

Color, White *Sex,* Female.

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hrs. 1 & 3 Lombard Alley

Cause of Death, First (Primary,) Pneumonia.

Second (Immediate,) Pleuritis Pulmonalis

Duration of Last Sickness, 4 Wks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, April 30 79

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St

J. G. Mc Shane, M. D.
Medical Attendant.

Address N. E. Cor Fayette & Paca Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Ph...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th of April 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Therese Seufert

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 13 years *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} German Orphan Asylum

Cause of Death, {First (Primary,) / Second (Immediate,)} Diphtheria

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial; Bolto Cemetery

Date of Burial, April 30 1879

Undertaker, H. Sander

Place of Business, Caton Ave *Address*

Fred Hess M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 31862

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31863

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victor Marsh

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} M & C Hospitals

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 29

Undertaker, E H Blizzard

Place of Business, 207 Pine [illegible] *Address,* ____

____ *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 5[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31864

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Lee

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } M. F. C. Hospital

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 29

Undertaker, C. H. Bloom

Place of Business, 201 Eden

T. A. Goodwin M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31865

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 30 1879 BALTIMORE

Date of Death, April 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry W. Cottrell

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 20 *Years,* — *Months,* — 9 — *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.} ~ Single ~

Occupation, ~ Laborer ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 2 Pleasant ally

Cause of Death, First, (Primary,) ~ Typhoid Fever ~

Second, (Immediate,) ~ 10 weeks ~

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, April 30th

Undertaker, H. Enochlich

Place of Business, 246 Eastern Av

Thomas F Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bayer.

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, 86 *Years,* 9 *Months,* 4 *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give street and number.} N.W. Cor. Central Av. & Fayette St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, May 1 1879

Undertaker, Jas. R. Hughes

Place of Business, 62 E. Baltimore St

L. H. Houck M.D.
Medical Attendant.

Address, 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th & 24th A.D. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Westcamp

Sex, Male or Female, {cross out the word not required in this line.} a female

Age, ... *Years,* 7 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X

Occupation, X X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 1 Dillon St. Canton

Cause of Death { First, (Primary,) Tubercular Meningitis
Second, (Immediate,) .....

Duration of last Sickness, 2 Weeks —

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, April 30 1879

James E Donnelly M. D.
Medical Attendant.

Undertaker, James O Byrne

Place of Business, No 63 N Gay St *Address,* 99 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

No. 3

Board of Health, City of Baltimore,

Permit No. 31868

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwd. Straney

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 400 Saratoga

Cause of Death { First, (Primary,) Bronchial Catarrh
Second, (Immediate,) Convulsions.

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 1 1879

Undertaker, Mathews Cadogan

Place of Business, 225 Mulberry St

Edwd. F. Michaelsen M. D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. C...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 31869

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1879 ...IMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Constantin Schlamm

~~Sex~~, *Male* ~~or Female~~, {cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Musician

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number} 249 W. Biddle St

Cause of Death { First, (Primary.) Consumption
Second, (Immediate.) Exhaustion from hemorrhage

Duration of last Sickness, 1 year under my care 1 week

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, May 1st 1879

H. Winslow M. D.
Medical Attendant.

Undertaker, P. Kummer

Place of Business, 314 Mulberry St *Address,* 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Cornish

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 82 — *Years,* — *Months,* — *Days.*

Color, Colrd

Married, ~~Single,~~ Widow ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt - City

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} Alley in High near Gay

Cause of Death, {First, (Primary,) } {Second, (Immediate,)} Age —

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, April 30 1879.

Undertaker, Charles A White

Place of Business, 35 Granby st

S. T. Boyer M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 31871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Wilhelmina Krieger

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 5 *Years,* 1 *Months,* 21 *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 266 S. Howard St

Cause of Death, {First (Primary,) Second (Immediate,)} Caries of the Spine

Duration of Last Sickness, About 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, May 1.

Undertaker, Ernst Schlosser

Place of Business, 6 Little Sacon St.

Chas. G. Humbert M.D.
Medical Attendant.

Address, 26 W. Lombard St

Chas. G. Humbert M.D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Regina Frederike Spatz.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 41 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, — wife

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 151 S Madison ally

Cause of Death, {First, (Primary.) Pathogenic Pulmonitis

{Second, (Immediate.)

Duration of last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem'y

Date of Burial, May 1st 1879.

Undertaker, Peter Frey

Place of Business, 96 E Eastern Ave

Medical Attendant. M. D.

Address, 86 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 31873.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca V. Faringer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 61 *Years,* 1 *Months,* 7 *Days.*

Color, White.

Married, Single, Widow or ~~*Widower*~~, {Cross out the words not required in this line.} Widow.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Easton, Talbot Co Md.

Duration of Residence in the City of Baltimore, 33 yrs.

Place of Death, {Give street and number.} 539 E. Fayette St.

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 6 years

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, May 1st 1879

Undertaker, Wm. H. Eichman

Place of Business, 234 N. Gay St.

J. F. Powell M. D.
Medical Attendant.

Address 337 Caroll Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 31874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Ann Welch

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 78 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Londonderry Ireland (61 years)

Duration of Residence in the City of Baltimore, Forty five years

Place of Death, {Give street and number.} No. 73 North Liberty Street

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,) Exhaustion -

Duration of Last Sickness, Seven days -

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 2nd 1879

Undertaker, Joseph F Byrne

Place of Business, 69 N Liberty

G H Starr M.D.
Medical Attendant.

Address, No. 16 N. Liberty St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY 3
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William K Lautenbaker

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, in Fire Department

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 27 Townsend St

Cause of Death { First, (Primary,) Phthisis
Second, (Immediate,) Asthenia

Duration of last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, May 2d 1879

Undertaker, Henry H Mears

Place of Business, 460 N Gay St

Thomas Owen M. D.
Medical Attendant.

Address, 84 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Miller

Sex, Male or Female, {cross out the word not required in this line.} /

Age, 22 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 220 West

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Phthisis

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 1st 1879

Theodore Lotz M. D.
Medical Attendant.

Undertaker, J Ann Filgner

Place of Business, West St

Address, 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 31877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Jackson Wells

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* 2X *Months,* 27 *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fredericksburg Va

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} Parrish Alley near Frank. Ave

Cause of Death, First (Primary,) Consumption

Second (Immediate,) 1 year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 1. 1879

Undertaker, B. W. Chase

Place of Business, 198 S Howard St

Geo H. Cyclin M. D.
Medical Attendant.

Address 1 Hanover Lane

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 1 1879 BALTIMORE

Date of Death, April 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lehntotto Bowman

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 16 Parish alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 Parish alley

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetry

Date of Burial, May 1st 1879

Undertaker, Wm N. Dunger

Place of Business, 462 East st

M K Warren M. D.
Medical Attendant.

Address Cor Gouverneur & Fleet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Darius Stephens

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* 8 *Days.*

Color, Colored

~~*Married*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto, Md since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 53 Dallas St.

Cause of Death {First, (Primary,) Syphilis

Second, (Immediate,)

Duration of last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 2d 1879

Undertaker, Wm N. Dunger

Place of Business, 462 East 1st

Geo. S. Cameron M. D.
Medical Attendant.

Address, 73 E Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maria Rich

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 13 St Madeiras alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, Four hours.

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cemetery.

Date of Burial, 1st of May

Edwd. H. Evans *M. D.*
Medical Attendant.

Undertaker, Fred Carter

Place of Business, 19 Lombard st. *Address,* 9th st Locust Point

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

Permit No. 31881

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Dykes

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 81 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35

Place of Death, {Give street and number} 4 Randall St

Cause of Death, First, (Primary,)

Second, (Immediate,) Bronchitis

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill M C

Date of Burial, May 2d 1879

Undertaker, Wm Tyson

Place of Business, 263 Light St

Theodore Lodge M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia R Delaney

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* 7 *Months,* 21 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. and

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} 343 Hollins st

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery Jos: E. Blagett M. D.

Date of Burial, May 2 / 79 Medical Attendant.

Undertaker, Hughes & Co *Address* 18 S. Eutaw st

Place of Business, 550 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 1 1879 BALTIMORE

Date of Death, 30th April 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Gidley

~~*Sex,* Male or *Female*~~, {cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, Blk

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Barber.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimo

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 154 Gilt St

Cause of Death { First, (Primary.) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, 3 mo

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 1st 1879

{ *Undertaker,* Wm James Gray

Place of Business, 65 Mulberry St

Augustus W. Dodge M. D.
Medical Attendant.

Address, 201 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31884

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia McC. Smith

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* 10 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 2731 Bank St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,) Exhaustion of disease

Duration of last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 2nd

Undertaker, W. Clark & Son

Place of Business, 69 E Baltimore St

C. C. Cameron, M. D.
Medical Attendant.

Address, Balt. & Frederick Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the [illegible] of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to [illegible] within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set[illegible] as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per[illegible]ed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 31885

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 11 1879 BALTIMORE

Date of Death, April 30 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Bradford

Sex, Male or Female, {cross out the word not required in this line.}

Age, 44 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co. Md

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number} 327 William St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Apoplexy

Duration of last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, May 2 1879

Undertaker, Armstrong & Gray

Place of Business, #263 Light St

Thos Corbin M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31886

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 1 1879 BALTIMORE

Date of Death, April 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Käschube

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 6 *Years,* 2 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number} No 3 Potomac St. Canton.

Cause of Death {First, (Primary,) Burnt

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, May 2nd 79

Undertaker, W. Brance

Place of Business, 241 Canton Ave

E W Janney M. D.
Medical Attendant.

Address, Boston & Patuxent Rd.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31887

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30 th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Newton Petitt

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* Twenty one *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} No 135 Mc Elderry St

Cause of Death, {First, (Primary,) ———

{Second, (Immediate,) Scarlatina maligna

Duration of last Sickness, About Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Baltimore Cemetery May 2 nd 1879

Undertaker, Wm. H. Eichinger

Place of Business, 224 N. Gay St.

Milton A. Taylor M. D.
Medical Attendant.

Address, Broadway & Mc Elderry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 31

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ..t, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ..oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1879

CERTIFICATE OF DEATH.

Date of Death, 1st May 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann M. Rothered

Sex, Male or Female, { cross out the word not required in this line. } female

Age, 67 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, No

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } ~~Balto~~ Maryland

Duration of Residence in the City of Baltimore, ~~Life~~ 50 years

Place of Death, { Give street and number } 145 Park ave

Cause of Death, { First, (Primary.) Pneumonia / Second, (Immediate,) — Do —

Duration of last Sickness, ~~about~~ Nine days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, 4th May 1879

L. P. Maldeis M. D.
Medical Attendant.

Undertaker, Henry W. Jenkins & Son

Place of Business, # 16 Light st. *Address,* 108 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 31[illegible]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 31889

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* by the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible], if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 2 1879

CERTIFICATE OF DEATH.

Date of Death, May 2. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Arndt

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 15 Eighth Lane

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Diphtheria

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 3 [illegible]

Undertaker, Henry Brice

Place of Business, Hanover St 81

Thos. Corbett M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT RECEIVED MAY [illegible] BALTIMORE

Date of Death, May 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine E. Schmidt

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 67 *Years,* [illegible] *Months,* [illegible] *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} York, Pa.

Duration of Residence in the City of Baltimore, 45 years.

Place of Death, {Give street and number} 244 Lee, N.

Cause of Death {First, (Primary.) Apoplexy.
Second, (Immediate,)

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 4th

Undertaker, F. N. Troll

Place of Business, #131 Hanover *Address,* 152 E. Chas. St.

F. N. Troll M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carolina R. Veirmeier

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 yrs

Place of Death, {Give street and number} 56 Fare av.

Cause of Death { First, (Primary,) — Second, (Immediate,) Hemorrhage of Lungs / Sudden

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 3rd.

Undertaker, F. A. Thall

Place of Business, 131 Hanover St *Address,* Hanover Bank St

R. C. L. & M. D.
Medical Attendant.
Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Florence B Cochran

Sex, ~~Male or~~ Female, {Cross out the word not required in this line,} *Age,* Nine *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 357 Druid Hill Ave

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Paralysis of the Heart & convulsion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, May 3rd 1879

Undertaker, Hughes & Co *Address* 262 Madison Ave.

Place of Business, 65 S Broadway

Elias C Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31893

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Peduzzi

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Salesman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 31 N Eden St

Cause of Death, First, (Primary,) Bilious Colic

Second, (Immediate,) Exhaustion

Duration of last Sickness, 12 Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 2nd 1879

E J Way M. D.
Medical Attendant.

Undertaker, M A Daiger

Place of Business, 74 S Broadway *Address,* 19 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 2 1879 BALTIMORE

Date of Death, May 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Mentz

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} //

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 31 Yrs

Place of Death, {Give street and number} Cor. Charles & Brown Sts

Cause of Death { First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, West'n Cemetry.

Date of Burial, May 2d

Undertaker, B. Harle.

Place of Business, 411 Light St.

R. McSherry M. D.
Medical Attendant.

Address, 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31895

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1. 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Myers.

Sex, Male or Female, { cross out the word not required in this line. } Male.

Age, [illegible] *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } Fort Mc Henry

Cause of Death, First, (Primary.) —

Second, (Immediate,) Pneumonia.

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mt. St Paul Cemetery

Date of Burial, May 2d

Undertaker, H. Brockbank

Place of Business, 246 Eastern Av

D. L. Boland M. D.

Medical Attendant.

Address, Broom & E. L.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ecial attention of ... to the back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 2 1879 BALTIMORE

Date of Death, May 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Karl Georg Siegfried Bode

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 17 Butler alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4th

Cause of Death, {First (Primary,) Meningitis tuberculosa

Second (Immediate,)

Duration of Last Sickness, about fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Int. Mathews Cemetery

Date of Burial, May 3d 1879.

Hillers M. D.
Medical Attendant.

{*Undertaker,* Adam Weidemeyer
Place of Business, 576 W. Baltimore Sty

Address 95 S Sharp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 31897

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 2 1879 BALTIMORE

Date of Death, May 1st 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henriette Dordly

Sex, Male or Female, {cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ann's queen County (America)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor cor: John and Valley Sts.

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,)

Duration of last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 3rd 1879

Undertaker, Henry Schaltheis

Place of Business,

F. Adams M. D.
Medical Attendant.

Address, 256 N Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31898

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE MAY 2 1879

Date of Death, May 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} unnamed child of Fanz & Mathilde Fingel

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} N. 205 S. Eutaw St

Cause of Death, First, (Primary,) general debility

Second, (Immediate,) premature confinement (32 weeks)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 4th May 1879

Henry Lahrer M. D.
Medical Attendant.

Undertaker, H. Bibel

Place of Business, Hanover St. *Address,* 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31899

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E. Rauschenbach

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* 9 *Months,* 17 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 187 Paca St

Cause of Death, {First, (Primary,) Second, (Immediate,)} Diphtheria

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 4th 1879

Undertaker, Wm. Mackie

Place of Business, No 150 Lombard

J. H. Kenney M. D.
Medical Attendant.

Address, 762 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31900

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Monica

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* About 14 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 5 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death { First, (Primary,) atrophy
Second, (Immediate,) ...

Duration of last Sickness, Born received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 3. 1879

Undertaker, Sam'l Bowen

Place of Business, 156 Division St

Marbury Brewer M. D.
Medical Attendant.

Address, 58 Mc Culloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases ob[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles L Fowler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* — *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} cor Ostend & Ridgely Sts

Duration of Residence in the City of Baltimore, 2 mos

Place of Death, {Give street and number.} cor Ostend & Ridgely St

Cause of Death, First (Primary,) Erysipelas

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, May 3rd 1879

Undertaker, J B Cook

Place of Business, No 707 W Baltimore Street

J. Wm Wells M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 31902

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31902 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martin Lester

Sex, Male or Female, { cross out the word not required in this line. } male

Age, 76 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, Butcher

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number } 73. Albemarle

Cause of Death, { First, (Primary,) old age / Second, (Immediate,) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, May 3rd 1879

Undertaker, James P. Byrne

Place of Business, No 63 Pt Street

G. G. Dauch M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31903

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAY 3 1879

CERTIFICATE OF DEATH.

Date of Death, May 1 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas H. Smith

~~*Sex,* Male or *Female,*~~ {Cross out the word not required in this line,} Male

Age, About 60 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. All his life

Place of Death, {Give street and number.} 23 Hargrove Alley

Cause of Death, First (Primary,) Pneumonia (double)

Second (Immediate,) Exhaustion

Duration of Last Sickness, About 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 3rd

Undertaker, J. Hayman

Place of Business, 17 Baltimore St

Dr. Scupp M. D.
Medical Attendant.

Address 4 Catherine St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Ridgely

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 6 *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} Little McEldery Lh

Cause of Death, First, (Primary,) Hydrocephalus

Second, (Immediate,) ———

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, May 3rd

Undertaker, [illegible]

Place of Business, [illegible]

Jos. Mould M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 5

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Hilyard

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* *Days.*

Color, Cold

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 35 East st

Cause of Death { First, (Primary,) Second, (Immediate,) } Pulm Consumption

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Lorel Cemetery

Date of Burial, May 3rd

Undertaker, T. Hagerman

Place of Business, 13 Saratoga st

Address,

S. F. Coyner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]te.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2d 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adolph Meisner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~~[illegible]~~ 55 *Years,* 9 *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Tayler

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 20 Swaloe Alley

Cause of Death, First (Primary,) Cirrhosis of Liver

Second (Immediate,) Hydrops

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemety

Date of Burial, May 5th 1879

G. Liebmann M. D.
Medical Attendant.

Undertaker, P. Hummel

Place of Business, Mulberry St *Address* 223 W. Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

KODAK SAFETY FILM

No. [redacted]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha A. Loughton

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, 89 *Years,* 5 *Months,* 2 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 195 Montgomery Street

Cause of Death First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, 5 years.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, May 3rd 1879

Undertaker, Armstrong & Crane

Place of Business, # 263 Light St.

Augustus N. Hodge M. D.
Medical Attendant.

Address, 201 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 31908

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Lavina Fifer

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, / *Years,* 7 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 94 Hollins St.

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) Sick two weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, May 3, 1879

Undertaker, J. B. Blackiston & Son

Place of Business, 606 Balt St

W. R. McShane M. D.
Medical Attendant.

Address, 582 N Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

31909

No. 107

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Wright

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 34 *Years,* 6 *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow or~~ ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 372 Williams St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Cecil County attended by Drs Noble & J. R Uhler M. D.

Date of Burial, May 4th Medical Attendant.

Undertaker, B. Harley.

Place of Business, 411 Light St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

In 1396

[OVER.]

1910

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2d May 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Bunbgenthal

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 7 *Years,* three *Months,* eight *Days.*

Color, white *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Graver.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hillmershausen Germany

Duration of Residence in the City of Baltimore, 3½ years.

Place of Death, {Give street and number.} 37 Rose Str. Balt.e City

Cause of Death, First (Primary,) Apoplexia cerebalis sanguinea

Second (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Balt.e Cemetery

Date of Burial, May 4th 1879

G H Cape. M. D.

Medical Attendant.

Undertaker, Chas. T. Greene

Place of Business, 2711 Eastern Ave. } Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 31911

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lavinia Garnett Deaver

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 15 Bruce St

Cause of Death, First, (Primary.) Membranous Croup

Second, (Immediate.) Asphyxia

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 4th 1879

James Bailey M. D.
Medical Attendant.

Undertaker, Lottus S. Mackie

Place of Business, —

Address, 319 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31912

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Neil

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color, Col'd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 49 Hillen

Cause of Death {First, (Primary,) Phthisis / Second, (Immediate,)

Duration of last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 4th 1879

Undertaker, Wm James Gray

Place of Business, 45 Mulberry St.

Geo. N. Brown M. D.
Medical Attendant.

Address, 144 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31913

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31913

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Gray

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prince George Co. Md.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number} 93 Lee st.

Cause of Death, First, (Primary.)

Second, (Immediate,) Inflammation of Bowels

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 5th 1879

Undertaker, Wm. James Gray

Place of Business, 65 Mulberry St

L. M. Hall M. D.

Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER)

No. 31914

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Holly (Holly)

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ____ *Years,* ____ *Months,* 9 *Days*

Color, Col

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} 64 Pk near Mary

Cause of Death, {First (Primary,) Sick nurse or lep from birth

Second (Immediate,) "

Duration of Last Sickness, "

All the above Information should be furnished by the Physician.

Place of Burial, May 4th 1879

Date of Burial, Laurel Cemetery

Undertaker, Wm James Gray

Place of Business, 108 Mulberry

W W Arthur M.D.
Medical Attendant.

Address, 192 Pearl

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 31

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 31915

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2. 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fanny Washington.

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Thirty-one *Years,* — *Months,* — *Days.*

Color, Colrd

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Harford Co.

Duration of Residence in the City of Baltimore, 25 yrs,

Place of Death, { Give street and number } 88. A Bethel.

Cause of Death, { First, (Primary,) Second, (Immediate,) } Heart disease.

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Asbury M. Cemetery

Date of Burial, May 4th 1879

Undertaker, Theodore L. Locke

Place of Business, 13 Jefferson st

D.C. Island M. D.
Medical Attendant.

Address, Corner E. Div.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 31916

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY
3
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May. 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa A Luckett

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* 3 *Months,* 7 *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ~~Frederick Co Virginia~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick County Virginia

Duration of Residence in the City of Baltimore, Four years.

Place of Death, {Give street and number.} 319. Park Avenue

Cause of Death, {First (Primary,) Old Age
Second (Immediate,)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Frederick City

Date of Burial, May 3d 1879

Alex. T. Bell M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

Address 306 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Frame 1397

No. 31917

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Brunelli

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 17 *Years,* 3 *Months,* 1 *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Genoa, Italy

Duration of Residence in the City of Baltimore, 16 yrs.

Place of Death, {Give street and number} 570 Harford Ave.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,)

Duration of last Sickness, 1 yr.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, May 4th 1879

Undertaker, Geo Acton

Place of Business, [illegible]

E. B. Fenby M. D.
Medical Attendant.

Address, 319 Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 319

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 3 1879 BALTIMORE

Date of Death, May 2d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Hobrecht

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 9 *Years,* 5 *Months,* 2 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Martinsburg W Va

Duration of Residence in the City of Baltimore, On a visit

Place of Death, {Give street and number} 15 Druid Hill ave

Fell down Stairs

Cause of Death, First, (Primary,)

Second, (Immediate,) Cerebritis

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Martinsburg W. Va.

Date of Burial, May 4th 1879

Undertaker, Wm H Bishop Jr.

Place of Business, 497 Druid Hill Ave.

W. F. Abbott M. D.
Medical Attendant.

Address, 223 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31919

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 4 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Eugene Hewitt

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 9 *Years,* 8 *Months,* 9 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Stanton, Va.

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number} 414 E. Fayette St.

Cause of Death, First, (Primary,) Cerebro Spinal Meningitis

Second, (Immediate,) Paralysis

Duration of last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Bolt Cemetery

Date of Burial, May 4th 1879

Undertaker, Jno S Hewitt

Place of Business, 60 E Balto

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Va. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 31920

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Miller

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 3318 S. Charles St.

Cause of Death {First, (Primary,) Convulsions

Second, (Immediate,) 8 hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Monday 5th May

Undertaker, Henry Briele

Place of Business, 61 Hanover St

Rob't P. Ellis M. D.
Medical Attendant.

Address, 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate. 21

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augus Thraft

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 50 Years, ~ Months, ~ Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hesse Darmstadt 16 years in U.S.

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} Hoffman Street Nr. 44

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) Dropsical affections

Duration of Last Sickness, 9 years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 5 May

Undertaker, Weltes Samuel

Place of Business. 252 W Biddle St

Dr F Reinhard M. D.
Medical Attendant.

Address 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 31922

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Unknown

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, About Forty *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ——

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} Drowning.

Cause of Death, First, (Primary,) ——

Second, (Immediate,) ——

Duration of last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial, ——

Undertaker, Patrick Moulkin

Place of Business, ——

D. C. Adams M. D.
Medical Attendant.

Address, Coroner, E.N.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MAY 4 1879

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. J. Harman.

Sex, Male ~~*or Female*~~, {Cross out the words not required in this line.}

Age, 36 *Years,* 4 *Months,* 11 *Days*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Waterman.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, 36 Years.

Place of Death, {Give street and number.} Harmon's Boarding House Gordon's Whiskey Cellar.

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,)

Duration of Last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 5th 1879

Undertaker, Wm J. Turner

Place of Business, 65 S. Eutaw St

John L. L. Steuart M.D.

" " " Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 31924

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Not Named P. Curip

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 8 Days.

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 8 days.

Place of Death, {Give street and number} 194 Columbia Ave

Cause of Death, {First, (Primary,) This Child was delivered from Birth / Second, (Immediate,) mother having had Convulsions}

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, May 4. 1879

Undertaker, Phl Jacob Dill

Place of Business, 83 Columbia Ave

H L Spurrier M. D.
Medical Attendant.

Address, 319 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MAY 1879

CERTIFICATE OF DEATH.

Date of Death, May 2nd 7½ 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louie E. Hawkins

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 7 *Years,* 1 1 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X

Occupation, X X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 133 N. Regester Street

Cause of Death { First, (Primary,) Menin. tis
Second, (Immediate,)

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, May 4 1879

Undertaker, W. W. Mudder

Place of Business, 335 N. Howard

Louis E. Donnelly M. D.
Medical Attendant.

Address, 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Quirke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 8 *Months,* 1/2 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number.} No 28 Addison el

Cause of Death, {First (Primary,) Catarrhs Fever

{Second (Immediate,)

Duration of Last Sickness, five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonna Brea Cemetery J R K Heath M. D.

Medical Attendant.

Date of Burial, May 4 1879

Undertaker, James A Byrne

Place of Business, No 63 N Front St *Address* 133. N. Gaith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Leighman

Sex, ~~Male~~ *or* ~~Female,~~ {Cross out the words not required in this line.} Male

Age, ——— *Years,* ——— *Months,* ——— *Days*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} # 5 3 Pleasant Alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Incanition / Exhaustion

Duration of Last Sickness, 6 months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 5 1879

{*Undertaker,* W W Chase / *Place of Business,* 80 & 82 Howard} *Address,* 150 N Eutaw

G A Gillis M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Hodder Condon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~—~~ *Years,* Six *Months,* 19 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 8 Bath st Balto

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number.} No 8 Bath st

Cause of Death, First (Primary,) Inflamation of Brain

Second (Immediate,)

Duration of Last Sickness, One Week

All the above Information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, May 5 1879

Undertaker, James P Byrne

Place of Business, No 63 n Front st *Address* 133 N. Eutaw st

L & P P Yeates M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 31929

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Theadore Creasey

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 61 *Years,* ____ *Months,* ____ *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } ~~Single, Widow or Widower,~~

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, { Give street and number } No 8 Essex St

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Pneumonia

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 5th 1879

Undertaker, Wm. N. Dunyee

Place of Business, 1262 East St

Silas H. Hunter M. D.
Medical Attendant.

Address, 97 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31930

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H Kellum

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 28 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, about 6 years

Place of Death, {Give street and number} 145 Pierce st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, about ten day o

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, May 6th 1879

Undertaker, Wm H Dugan

Place of Business, No 62 East st

J J Darby M. D.
Medical Attendant.

Address, 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 31931

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31931

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 5 1879

CERTIFICATE OF DEATH.

Date of Death, May 4 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Baker

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* — *Days.*

Color, Wh

~~*Married,* *Single,* *Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 213 S. Durham

Cause of Death { First, (Primary,) Whoop pulmonary
Second, (Immediate,) Marasmus

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Gen.

Date of Burial, May 5th 79

Undertaker, M. S. Frame

Place of Business, 220 Hanover

J. Matthews M. D.
Medical Attendant.

Address, 245 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31932

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 5 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Gehrhausen

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Forty Four *Years,* *Months,* *Days.*

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tobacconist.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wallenthal, Braunschweig Germany.

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give street and number} 102 S Bond St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption,

Duration of last Sickness, Three years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 6th

Undertaker, Henry Lender

Place of Business, 212 Linden Ave

Nicholas L. Sullivan M. D.
Medical Attendant.

Address, 207 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.}

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Ph... to the List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 5 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget McGrath

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} "

Age, 70 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} "

Occupation, Don't know

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 35 Years

Place of Death, {Give street and number} 443 Saratoga St

Cause of Death {First, (Primary,) Fracture of neck of femur

{Second, (Immediate,) Cerebral Hemorrhage

Duration of last Sickness, about 17 Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, May 5

W. Donaldson M. D.
Medical Attendant.

Undertaker, H. Cook

Place of Business, 70 West Baltimore *Address,* 582 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of ... is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3 '79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. Emil Fisher

Sex, ~~Male or Female,~~ {Cross out the words not required in this line.}

Age, 51 *Years,* 8 *Months,* 9 *Days*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Seamen

Birthplace, {State or country (and how long in United States, if of foreign birth.)} germany 28 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 139 W Fayette

Cause of Death, First (Primary,) Consumption of lungs

Second (Immediate,) Asthenia

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, May 5 '79

Undertaker, C Hughes Jr

Place of Business, 537 W Fayette St

Richard Gilmore M.D.
Medical Attendant.

Address, 137 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 31935

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE MAY 5 1879

CERTIFICATE OF DEATH.

Date of Death, May 5th 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. F. Martin

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 14 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 390 East av.

Cause of Death { First, (Primary,) Cyanosis
Second, (Immediate,)

Duration of last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetary

Date of Burial, May 5th

Undertaker, Wm. K. Shane

Place of Business, alicecamin 14 *Address,* 417 Broadway

K. W. Mansfield *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 5 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael David Richter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty five Years

Place of Death, {Give street and number.} Cross St near Weyth st

Cause of Death, {First (Primary,) Cancer Infra Mastoidea

Second (Immediate,) Six Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 5th

Undertaker, John W Weaver

Place of Business, 129 North Eutaw St

W. H. Litcomb M. D.
Medical Attendant.

Address 53 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lillie Cook

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 6 *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 1414 Aisquith St

Cause of Death { First, (Primary,) ... Second, (Immediate,) Marasmus

Duration of last Sickness, 2 Wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, May 5th 1879

Undertaker, John J. Snyder

Place of Business, 1446 Druid Hill Ave

Wm. H. Roman M. D.
Medical Attendant.

Address, 44 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 31936

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Jane Pennington

Sex, Male or Female, {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cecil Co. Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 212 W. Lombard

Cause of Death First, (Primary.) Remittent Fever

Second, (Immediate.) Acute Pancreatitis

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Cecil Co Maryland

Date of Burial, May 5th 1879

Undertaker, John S Mackey

Place of Business, Park & Camden

Edwd F. Michael M. D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

...TION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...thin forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set... ...s far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per... ...l, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...A CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Transit 1399

...ack of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31939

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret Jane Jennings

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 30 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} Married

Occupation, ~~———~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 152 N Calvert St

Cause of Death, {First (Primary,) / Second (Immediate,)} Carcinoma of Stomach

Duration of Last Sickness, about 10 days

All the above luformation should be furulshed by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 6 1879

Undertaker, H. Lown

Place of Business, Fremont & Balto

T. J. Ward M.D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 31940

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T Brown

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 78 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Retired

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 78 years

Place of Death, {Give street and number} 437 Madison Avenue

Cause of Death, First, (Primary,) Angina

Second, (Immediate,) ____

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Friends Ground

Date of Burial, May 6th 1879

Wm Tilley M. D.
Medical Attendant.

Undertaker, ____

Place of Business, ____ *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adelia Rose

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— 8 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Mos.

Place of Death, {Give street and number.} 255 Stafford av.

Cause of Death, First (Primary,) Tuberculous Meningitis

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 6th 79

Undertaker, Geo Schilling

Place of Business, 45 Holland Square

W W Knapp M. D.

Medical Attendant.

Address 131 N Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 31942

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th, May 4th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Harrison

Sex, Male or Female, {cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, many years

Place of Death, {Give street and number} no 6 Bethel Court

Cause of Death, First, (Primary,) Epilepsy Had fit, falling against box as was about to catch meal + burst a vein in chest + so probably died

Second, (Immediate,) from asphyxia

Duration of last Sickness, 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 5th

Edmund R Walker M. D.
Medical Attendant.

Undertaker, A. J. Wayman

Place of Business, 13 Saratoga St *Address,* Coroner M P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 5 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 4th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. A. Holt

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 16. *Years,* 6 *Months,* 4 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Preston

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number} 80 Hoodyear

Cause of Death First, (Primary,) Typhoid fever

Second, (Immediate,) Congestion of brain

Duration of last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemty

Date of Burial, May 5-79

Undertaker, J. C. Haigle

Place of Business, 339 Lombard

G. W. Annis M. D.
Medical Attendant.

Address, 60 Eastman & Stockton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Isabella Donnyde

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, {Give street and number} 81 S. Green St

Cause of Death {First, (Primary.) Bronchial Asthma

Second, (Immediate,) Pulmonary Emphysema

Duration of last Sickness, About Six Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 6th May 1879

Undertaker, H. H. Jenkinson

Place of Business, # 16 Light St. *Address,* 582 N Payson St

W. McAllen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 5 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} M. Jane Isaac

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* — *Days.*

Color, Colored. *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 221 Mullikin St

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonary.

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, May 6th 1879

{*Undertaker,* Wm. H. Dunger

Place of Business, 1069 East St. *Address* 105 N. Central Ave

Francis T. Sauer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 31946

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Birdie G. Hurst

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.} Female

Age, ... *Years,* 2 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 416 Eutaw Place

Cause of Death, First (Primary,) Bronchitis Chronic

Second (Immediate,) Cerebral Effusion 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 5

Undertaker, C. H. Blizard

Place of Business, 201 Eutaw

Thos. S. Latimer *M.D.*
Medical Attendant.

Address, 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 31947

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th May 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John R Mitchell

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~One~~ *Years,* 3 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 129 Montgomery

Cause of Death, First, (Primary,) Acute Meningitis

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetary

Date of Burial, May 6 79

J. W. Webster M. D.
Medical Attendant.

Undertaker, Anthony & Denny

Place of Business, No 263 Light

Address, 57 Burrel

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Elmbrock

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, [illegible] *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} East Va.

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and number} 21 N. Washington St.

Cause of Death First, (Primary.) Pneumonia Fever

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 6th

Undertaker, Wendel Bissell

Place of Business, Bond St. Address, Brown & S.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 5 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Emma Curtis

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, ... *Years,* 18 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 37 Lepier Court

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Emaciation.

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 5 1879

Undertaker, Wm. H. Bishop Jr

Place of Business, 97 Druidhill Av

A. Taylor *M. D.*
Medical Attendant.

Address, No 16 N. Liberty Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 31950

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 6 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May O Brien

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 41 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Lace

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number} [illegible] Eden St.

Cause of Death { First, (Primary,) [illegible]
Second, (Immediate,) Hemorrhage from the Lungs

Duration of last Sickness, 2nd Week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 6th 1879

Undertaker, [illegible] Gitinger

Place of Business, [illegible] *Address,* [illegible]

[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31951

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31951

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May ~~April~~ 5. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schweeke

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ellicotts Mills Md

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death {First, (Primary.) Phthisis
Second, (Immediate,) Asthenia

Duration of last Sickness, 8 mos

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 6. 1879

Undertaker, Geo. Lehnert

Place of Business, 121 Park Ave. *Address,* 68 McCulloh St.

Marbury Brewer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 31952

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kile

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 49 *Years,* 4 *Months,* 15 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Day Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 25 Year

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 6 Columbus alley

Cause of Death First, (Primary,) Cancer of the Stomach

Second, (Immediate,) 0

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Loudon park Cemetary

Date of Burial, May 6th 1879

Undertaker, C. Wiegand

Place of Business, 53 Druid Hill Ave *Address,* 582 W Lombard St

Sid Entwisle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 31953

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31953.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sawtte

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, ~~Col~~

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County Maryland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number} Stevens Alley

Cause of Death, {First, (Primary.) ; Second, (Immediate,) Consumption

Duration of last Sickness, Nine (9) Months

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Evergreen

Date of Burial, May 7 1879

Undertaker, Wilson Monroe

Place of Business, No 62 Eastern Ave

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31954

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31954

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Wilson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number} ~~2~~ 2 Wilk Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, W. Put Cemetery

Date of Burial, May 6th 1879

Gordon Cook M. D.
Medical Attendant.

Undertaker, F. A. Kercher

Place of Business,

Address, 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31955

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31955

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4 - 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Belle Dripps

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* Zero *Months,* one *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 48 St. Marys St

Cause of Death {First, (Primary.) Cerebral Meningitis

Second, (Immediate,) Paralysis

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 6 1879

Undertaker, S. W. Chase

Place of Business, 198 S Howard St

John D. King M. D.
Medical Attendant.

Address, 76 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 31956

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4 - 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah Tyler

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, one *Years,* Ten *Months,* ~~~ *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number} No 6 Stockton Al

Cause of Death { First, (Primary,) Diphtheria. / Second, (Immediate,) Acute Bright's Disease

Duration of last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 6 1879

Undertaker, G. W. Chase

Place of Business, No 19 E. Howard St

John J. King M. D.
Medical Attendant.

Address, 76 Edmondson Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 31957

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE MAY 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Archy Thomas

Sex, Male or Female, {cross out the word not required in this line.}

Age, 22 *Years,* *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Currier

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} XXX, Pa

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 327. Penn Ave.

Cause of Death {First, (Primary,) I think it Most Likely Heart disease
Second, (Immediate,) but of what Variety I cannot say, death

Duration of last Sickness, was sudden. and no previous sickness

All the above information should be furnished by the Physician.

Place of Burial, Union town Md

Date of Burial, May 7th

Geo E Ogle Coroner M. D.
Medical Attendant.

Undertaker, John E Bruce

Place of Business, 319 Penn Ave *Address,* N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. FARLEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

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No. 31958

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Mc Lee

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 13 *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, a Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 66 William St

Cause of Death, First (Primary,) Bright's disease

Second (Immediate,) of the Kidneys

Duration of Last Sickness, one year & two months 10 yrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 8th 1879

Undertaker, Armistry & Son

Place of Business, 263 Light St

W. T. Howard M. D.
Medical Attendant.

Address 181 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 31959

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Chandler

Sex, Male or Female, {cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ———

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Phthisis Pulmonum -
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, May 2, 1879.

Undertaker, Fred A. Kerchner

Place of Business, 56 S. Paca St. Bal.

F. B. Bruns M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 31960

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Wilson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Norway

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number} Universal - Hospital

Cause of Death First, (Primary.) Carcinoma of Liver & Stomach

Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, May 3 1879

Undertaker, Fred C. Kirchner

Place of Business, 30 S. Carrollton Ave

F C Brune M. D.
Medical Attendant.

Address, Universal - Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...numbers below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Lumbach

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number.} 71 h Hanover pl

Cause of Death, First (Primary,) Bright disease

Second (Immediate,) dropsy

Duration of Last Sickness, about 4 mths

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 6th

Undertaker, F. A. Groll

Place of Business, #131 Hanover St

Address 95 S. Sharp St

A. Abbott M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 31962

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday May 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E Offutt

Sex, Male ~~or Female~~; {cross out the word not required in this line.} Boy

Age, ____ *Years,* 11 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number} # 53 Sterling St.

Cause of Death, First, (Primary,) 1 Pseudo Membranous Croup

Second, (Immediate,)

Duration of last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 7th

Undertaker, H. O. Wiedefeld

Place of Business, 70 Greenmount Av

Wilmer Bonitou M. D.
Medical Attendant.

Address, 26 E. N. Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 31963

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Payrelled

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Mechanics Ct 13th

Cause of Death First, (Primary,) Mal Nutrition (artificial

Second, (Immediate,) Marasmus

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 7th 1879

James A Steuart M. D.

Undertaker, L. T. Cook

Place of Business, 707 W. Balto St *Address,* Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jos Vansant

No. 319614

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Johnson & S. Baker (Parents

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 hours ~~Days.~~

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 4 Burgundy Alley

Cause of Death {First, (Primary,) Premature Birth

{Second, (Immediate,) Asthenia

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, May 6th 1879

Undertaker, Hercules Robs

Place of Business, Conway St

James A Clemens M. D.
~~Medical Attendant~~

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by F. Fitzpatrick

[OVER.]

No. 31965

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 6 1879 BALTIMORE

Date of Death, May 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Basil Brown

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} A A Co Md

Duration of Residence in the City of Baltimore, not known

Place of Death, {Give street and number} 220 Bank St

Cause of Death, First, (Primary.) Tuberculosis

Second, (Immediate.)

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 7th 1879

J. Kinney M. D.
Medical Attendant.

Undertaker, John Mucher

Place of Business, No 150 Camden

Address, 762 Main St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 31966

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Annie Blackiston

~~Sex~~, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 556 E. Franklin St

Cause of Death {First, (Primary,) Tonsilitis

{Second, (Immediate,) Congestion of Brain

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 7th 1879

Undertaker, Hughes & Co

Place of Business, 530 W Fayette St

W. R. McKnew M. D.
Medical Attendant.

Address, 582 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 31967

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W. Thompson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* 4 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Boiler Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} No 110 S Eutaw St

Cause of Death, {First (Primary,) Pr Pleurisy
Second (Immediate,)

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician

Place of Burial, Bonnie Brae Cem

Date of Burial, May 7th 1879

Undertaker, S B Cook

Place of Business, 7 Balto

Pinkett M. Wendell M. D.
Medical Attendant.

Address No 20 B W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 31768

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Child of Louis & Alice Marshall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 36 hours *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 315 N. Bond St

Cause of Death, First (Primary,) Immature Development

Second (Immediate,)

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Ball Cemetary

Date of Burial, May 7th 1879

Undertaker, Louis Marshall

Place of Business, 315 N Bond St

F. H. Bolton M. D.

Medical Attendant.

Address S. E. Cor. Caroline & Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 31969

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Quinlan

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One (1) *Years,* Four (3) *Months,* Twenty four (24) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} 218 Raymonde Alley

Cause of Death, {First, (Primary,)} [illegible]

{Second, (Immediate,)} Convulsions

Duration of last Sickness, Two (2) hours

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Farm Cemetery Annapolis Rd.

Date of Burial, May 7th 1879.

Chas A Blake M. D.
Medical Attendant.

Undertaker, Wm. Weidemeyer

Place of Business, 518 W. Baltimore St.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31970

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary M. Barth

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* 21 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, About 40 years

Place of Death, {Give street and number.} 162 Lexington Street

Cause of Death, First (Primary,) Diabetes Mellitus

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, About ten days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 8 1879

Undertaker, I. B. Cook *Address* 146 Baltimore

Place of Business, 707 W. Balto St

H. O. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No [redacted]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Rosier

Sex, Male or Female, {cross out the word not required in this line.}

Age, Six *Years,* [redacted] *Months,* [redacted] *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 19 ½ Whatings st,

Cause of Death First, (Primary,) Acute Catarh,

Second, (Immediate,) Pneumonia,

Duration of last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Manklow Md

Date of Burial, May 7th 1879

Undertaker, Thos. St. Rosier

Place of Business, [redacted] *Address,*

Chas. Opie Comer, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Daniel Rosier

Special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 7 1879 BALTIMORE

Date of Death, May 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Pauline Brumbaugh

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 452 Madison Ave Cor Laurens

Cause of Death, First (Primary,) Tuberculer Meningitis

Second (Immediate,) do

Duration of Last Sickness, 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Harrisburg P.R.

Date of Burial, May 8th 1879

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

Jacob Thomas M. D.
Medical Attendant.

Address 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Grant 1402

[OVER.]

No. 31973

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31973.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maurice Sanchez

Sex, Male or Female, {Cross out the words not required in this line.}

Age, Four *Years,* two *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, His entire life

Place of Death, {Give street and number.} 198 McCulloh St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Exhaustion: Acute Bright's Kidney disease

Duration of Last Sickness, Ill about ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, May 8th 1879

Undertaker, J. W. Jenkins & Son

Place of Business, 16 Light St.

M. D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 31974

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 7 1879 BALTIMORE

Date of Death, May 6th 6th A.M. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Schammel

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, X X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 157 Bank Street

Cause of Death First, (Primary,) Insanity

Second, (Immediate,) Paralysis (Melancholy)

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 8th

Undertaker, Michael Kurtz

Place of Business, 35 Fish St

James E. Donnelly M. D.
Medical Attendant.

Address, 1998 Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31975

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip John Kernan

~~Sex.~~ *Male or* ~~*Female*~~, {Cross out the words not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md Co

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 90 S Republican St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions

Duration of Last Sickness, About thirty hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 7th 1879

Undertaker. Joseph F Byrne

Place of Business, 59 n Liberty

Chas A Donovan *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

#245

No. 31976

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May the 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Charles Ir. Ward

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ Ten *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 375 N. Gay Str.

Cause of Death, {First (Primary,) Dentition

Second (Immediate,) Convulsions

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetary

Date of Burial, Thursday May 8th

Undertaker, J. B Cook

Place of Business, 709 N. Balto St

A. Aranovsky M. D.
Medical Attendant.

Address 254 N. Carrolton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...d Saturday of each week.

No. 31977

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Herman Perah

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ——— *Years,* ——— *Months,* (9) Nine *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 8 Stockholm St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) ———

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Eastern Methodist Cem.

Date of Burial, May 7th

Jno D Black M. D.
Medical Attendant.

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw *Address,* 1st of Fell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

No. 31978

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6 — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J Carr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, about 32 years

Place of Death, {Give street and number.} 135 Johnson st Patients

Cause of Death, First (Primary,)

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 8th 1879

R K Knaas M. D.
Medical Attendant.

Undertaker, Armstrong & Drury

Place of Business, # 263 Light St. *Address* 553 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 31979

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31979

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie E. Hopkins

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 16 *Years,* 9 *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 1154 Aisquith St.

Cause of Death, First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 9th 1879

George A. Naftzger M. D.
Medical Attendant.

Undertaker, Thos S Hughes

Place of Business, Co E. Bells Lt *Address,* 1305 N Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Maria McCabe

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 58 *Years,* —— *Months,* 01 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Widow

~~*Occupation,*~~ ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Massachusetts

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and number.} No 9 Miller St

Cause of Death, {First (Primary,) Cardiac Dropsy / Second (Immediate,)}

Duration of Last Sickness, about 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 8th May

Undertaker, G Shilling

Place of Business, Aisquith St

T. G. Ward M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 31981

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31981

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE MD. MAY 8 1879

CERTIFICATE OF DEATH.

Date of Death, May 7 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa M Wilson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 8 Hillest

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 9th 1879

Undertaker, John Thacher

Place of Business, No 150 Camden

H W Webster M. D.
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 8 1879 BALTIMORE

Date of Death, May 6 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James T. Carter

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Three *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Three Years

Place of Death, {Give street and number} 38 Wayne av

Cause of Death First, (Primary,) Exhaustion

Second, (Immediate,) Asthenia.

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 8 1879

Undertaker, D. M. Shade

Place of Business, No 198 Howard St

H. V. Hoge M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Montgomery

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* ... *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} # 7 Iron Alley

Cause of Death {First, (Primary,) Consumption

Second, (Immediate,) ...

Duration of last Sickness, abt 3 mo.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 10th 1879

Undertaker, Wm. J. Burgee

Place of Business, 62 East St

Geo. S. Konemon M. D.
Medical Attendant.

Address, 73 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Brandt

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Morocco Dresser

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number} No 25 Saratoga St

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Bait Cemetery

Date of Burial, May 9th 79

Jno Glover M. D.
Medical Attendant.

Undertaker, J Rau & Bartell

Place of Business, 629 W Balt St Address, 79 E Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1879 6 am

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Hubbard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Sixty five *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Mechanic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} McHenry St near Denison St

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Exhaustion

Duration of Last Sickness, Hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem[illegible]

Date of Burial, May 8th 1879

Geo L Caldwell M. D.
Medical Attendant.

Undertaker, John J Andrews

Place of Business, [illegible] Hall Ave *Address* 235 N Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 8 1879 BALTIMORE

Date of Death, May 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Addie Lorman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* 7 *Months,* 9 *Days.*

Color, white *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Salisbury Md.

Duration of Residence in the City of Baltimore, about 2 yrs.

Place of Death, {Give street and number.} 605 north Fay st

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, about 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 9th 1879

Undertaker, John H. Weaver

Place of Business, # 22 N. Fayette St.

J Harvey Hill M. D.
Medical Attendant.

Address 119 Edmondson Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3171

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, About 35 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number} City Hospital

Cause of Death {First, (Primary,)} Rail Road Injury

{Second, (Immediate,)} Shock

Duration of last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, E. Pebble Cem. "

Date of Burial, May 8th 1879

Undertaker, P. Mullin

Place of Business, Coudrays *Address,* City Hospital

David Streets M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th May 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minder J Cohen.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 83. *Years,* *Months,* *Days.*

Color, White.

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Banker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Richmond Va.

Duration of Residence in the City of Baltimore, about Seventy years.

Place of Death, {Give street and number.} 115. N. Charles St. Baltimore.

Cause of Death, {First (Primary,) A disease of the Substance of the Heart. Second (Immediate,) terminating in Angina Pectoris.

Duration of Last Sickness, about Two months.

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery - Saratoga st.

Date of Burial, 9th May 1879.

McClean Bibber M.D.
Medical Attendant.

Undertaker, Henry. W. Jenkins & Son

Place of Business, 416 Light St.

Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 31989

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebeka. Walford

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~Sup~~ *Years,* Six *Months,* *Days.*

Color, Brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 11 Bolton Alley

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 11 Bolton Alley

Cause of Death First, (Primary,) Consumption

Second, (Immediate,) Catarrhal Phthisis

Duration of last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Lauel Cemetery

Date of Burial, May 8 1879

Undertaker, C H Maddux

Place of Business, 335 E Monument

Silas Baldwin M. D.
Medical Attendant.

Address, 552 Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. FULANY & CO. CITY PRINTERS AND STATIONERS.

No. 31990

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31990

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Walford

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Nineteen *Years,* Seven *Months,* _____ *Days.*

Color, Brown

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brass maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} 11 Baltimore alley

Cause of Death First, (Primary,) Pulmonary Consumption

Second, (Immediate,) "

Duration of last Sickness, Eight mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 8th 1879

Undertaker, Geo. F. Snadden

Place of Business, 335 W. Lanvale St.

Silas Baldwin M. D.
Medical Attendant.

Address, 152 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31991

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B Ludington

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 49 *Years,* 5 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Oyster Packer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Haven. Conn.

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give street and number} 11 N. Broadway

Cause of Death First, (Primary,) Acute Peritonitis

Second, (Immediate,) Asthenia. &c.

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, New Haven Conn.

Date of Burial, May 8th 1879

Undertaker, [illegible]

Place of Business, [illegible]

(Consulting Physician D W Cathell M.D. 2 N Broadway M.D. Medical Attendant. Richard McSherry M.D. N Howard st)

Address, Noble M D S Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1403

[OVER.]

No. 31992

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Henry Brown

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 7 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 12 Hammond alley

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate.) ____

Duration of last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 9th 1879

John H. Rehberger M. D.
Medical Attendant.

Undertaker, Wm. D. Fifield

Place of Business, S. Bond St. *Address,* 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday Morning 8th, May; 4 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Stapf

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.} Female

Age, Sixty-Seven *Years,* ——— *Months,* ——— *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} Widow

Occupation, Lady.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Twenty-six Years

Place of Death, {Give street and number.} #306 McHenry Street

Cause of Death, {First (Primary,) Asthma.

Second (Immediate,) Exhaustion or Asthenia

Duration of Last Sickness, Three Years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, May. 9th

Undertaker, J. B. Harley

Place of Business, 711. Light St.

J. McCandlish M.D.
Medical Attendant.

Address, 106 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 31994

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Galloway

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Seventy four *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Porter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prince George Co. Maryland

Duration of Residence in the City of Baltimore, Fourteen Years

Place of Death, {Give street and number} Reed's Court

Cause of Death First, (Primary,) Exposure

Second, (Immediate,) Pneumonia

Duration of last Sickness, four Days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 8th 1879

Undertaker, Wm. H. Burgee

Place of Business, No 62 East Pratt *Address,* 146 Hill St

L. L. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 31995

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bonze.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Exact age unknown, is about 20 *Years,* ..... *Months,* ..... *Days.*

Color, Colored.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, "Carriage driver."

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, About 20 years.

Place of Death, {Give street and number} No. 633 Penna Avenue

Cause of Death, First, (Primary,) Pulmonary Tuberculosis.

Second, (Immediate,) Asthenia.

Duration of last Sickness, 13 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 8 1879.

Wm Rickert. *M. D.*
Medical Attendant.

Undertaker, John C Jordan

Place of Business, 63 North Ave *Address,* 520 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus Herman Fritz

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 208 N. Lombard St. near

Cause of Death { First, (Primary,) ..... Pneumonia
Second, (Immediate,) .....

Duration of last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, May 9th 1879

Undertaker, Wm. J. Dill

Place of Business, 183 Columbus *Address,* 152 S. Sharp St.

R. J. H. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 31997

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Böhner

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany (40 yrs in America

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, {Give street and number.} St. Ps. Hospital

Cause of Death, First (Primary,) Apoplexy (2nd attack –

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, M. R. Cemetery

Date of Burial, May 11th 79

Undertaker, McFarre

Place of Business, 280 Fenton ave

Chas Casselberry M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 31990

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Conrad Pflaum

~~*Sex,* Male or Female,~~ { cross out the word not required in this line. }

Age, —— *Years,* 20 *Months,* —— *Days.*

Color, White

~~*Married,* Single, *Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, ——

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 20 months

Place of Death, { Give street and number } 28 Knodes Alley

Cause of Death { First, (Primary,) Croup

{ Second, (Immediate,)

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 9th 1878

E. C Rivers M. D.
Medical Attendant.

Undertaker, P. Stevenson

Place of Business, 917 Shulberry St *Address,* Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 31999

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Welsh

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* 12 *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 45 Hanover St.

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Asphixia

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Febry 9th

Henry Salzer M. D.
Medical Attendant.

Undertaker, Godey & Son

Place of Business, 41 Hanover *Address,* 163 W Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.}

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8th. May 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Canitz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 1 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. Bond street 328

Cause of Death, {First (Primary,) Diphtheritis / Second (Immediate,)} 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemty

Date of Burial, May 9th.

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av

William Henkel M. D.
Medical Attendant.

Address S. Wolfe st. 112

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Klein

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, 9 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} St Vincents Infant asylum Dentation

Cause of Death { First, (Primary,) Meningitis
Second, (Immediate,) Paralysis

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, H. Johnsons Cemetery

Date of Burial, May 9th 1879

Undertaker, H. H. Gilmanger

Place of Business, Canton Ave

Marbury Brown M. D.
Medical Attendant.

Address 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Ann Royston

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number.} 39 N Front St

Cause of Death, First (Primary,) Cancer of breast

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 9 1879

Undertaker, James D Byrne

Place of Business, No 63 N Front St. *Address* High St

R. H. Stoffenmayer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32003

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Fibbs

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Thirty Nine *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Male.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Canvasser

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Sligo Ireland

Duration of Residence in the City of Baltimore, Seven Months

Place of Death, {Give street and number.} 159 N. Eight St

Cause of Death, First (Primary,) Pneumonia ~~Inflam~~ Following

Second (Immediate,) Bronchitis

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, May 8th 1879

J. H. P. Bayne M. D.
Medical Attendant.

Undertaker, Jas. E. Bayne,

Place of Business, 63 N. Front *Address* 133 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 35 Minutes before 1 A.M. 8th May, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Martha Simpson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, Thirty *Years,* Ten *Months,* Four *Days.*

Color, Colored *Sex,* Female

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County, Maryland

Duration of Residence in the City of Baltimore, Since a child

Place of Death, {Give street and number.} 105 Orchard St, Baltimore City, Maryland.

Cause of Death, First (Primary,) Puerperal Fever

Second (Immediate,) " "

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 9. 1879

Wm I. Worth M.D.
Medical Attendant.

Undertaker, S W Chase

Place of Business, 198 E. Howard St *Address* 148 W. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 32005

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY
9
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Gumby

~~*Sex,* Male or Female~~ {Cross out the words not required in this line.}

Age, ... *Years,* Thirteen *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} cor 31 West Lexington Alley

Cause of Death, {First (Primary,) Rubeola

{Second (Immediate,) Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, May 9 1879

Undertaker, S. W. Chase

Place of Business, 918 Howard st

J. U. Tarr, M.D.
Medical Attendant.

Address, No. 16 N. Liberty st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32006 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Azariah Fisk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} New York

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} Mercer Protestant Infirmary

Cause of Death, First (Primary,) Disease of the Heart

Second (Immediate,) Dropsy

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 10th 1879

Undertaker, F. L. Schaefer

Place of Business, 109 N Fremont St

Chas Fawcett M. D.
Medical Attendant.

Address 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 32007

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32007

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT MAY 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H Edmunson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 56 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 96 Sharp st

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Bronchitis

Duration of last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 10 1879

Undertaker, John S. Medairy

Place of Business, Canden St

H W Webster M. D.
Medical Attendant.

Address, 57 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0741.]

No. 32008

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32008

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Steinmeyer

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 38 *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, restaurant Keepers

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 or 9 years

Place of Death, {Give street and number} No 63 S. Charles st

Cause of Death, First, (Primary.) Puerperial Phlebitis

Second, (Immediate,)

Duration of last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 11th 1879

J. Ridgway Andre M. D.
Medical Attendant.

Undertaker, J. Gernandt

Place of Business, 264 Lexington st *Address,* town

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *wenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Stapford

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 9 *Years,* — *Months,* — *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 231 Hugo st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 231 Hugo st

Cause of Death, {First (Primary,) D. P. Second (Immediate,) Bronchitis F

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 9

Undertaker, Hercules Ross

Place of Business, 95 Cornelia st

H H Hiett, M. D.
Medical Attendant.

Address 100 South Eutaw st

Delivered out

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32010

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leeds Barnes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 Years, Months, Days.

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Talbott Co: Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 27 East st

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, about one month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 10. 1879

Undertaker, B. W. Chase

Place of Business, 198 S Howard st

H. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Gionnasse

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, About 24 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 455 Fulton st

Cause of Death, First, (Primary.) Epilepsy

Second, (Immediate,)

Duration of last Sickness, About one hour

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 10th 1879

H Darling M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St *Address,* 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Ryan

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 35 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland (unknown

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} 392 S. Charles St

Cause of Death {First, (Primary,) ——— Second, (Immediate,) Consumption

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cem

Date of Burial, May 10 1879

Undertaker, B. Okaule

Place of Business, Light St

James A Steuart M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jos Vansant M.D. (OVER)

KODAK SAFETY FILM

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32013

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th '79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Rumpf

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Mercy — Hospital

Cause of Death First, (Primary,) Capillary Bronchitis & Pneumonia

Second, (Immediate,)

Duration of last Sickness, About 2 wks —

All the above Information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, May 9 1879

Undertaker, Fred'k. A. Kuchmus

Place of Business, 50 S. Carrollton Ave

F. B. Brune M. D.
Medical Attendant.

Address, Mercy Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

No.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Arthur

Sex, Male or Female, {cross out the word not required in this line.} F

Age, 48 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 45 Valley

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Ascites

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 10th 1879

F. B. Shatandf M. D.
Medical Attendant.

Undertaker, Chas. J. Scriven

Place of Business, 27 N. Eutaw *Address,* 114 Pontan

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32.015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Sarah~~ Sarah Cothrell

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 73. *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number} 135. Preston St.

Cause of Death First, (Primary,) Cancer Stomach.

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 10th 1879

Undertaker, Wm. T. Serurn

Place of Business, 271 N. Eutaw St

Louis Ks. Horn M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2 And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 9 1879 BALTIMORE

Date of Death, May 9. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Leyer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ 7 *Months,* ~~Days.~~

Color, Mite

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} # 254 N. Central Av.

Cause of Death, First, (Primary,) Morbilli

Second, (Immediate,) Congestion of Brain

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Center

Date of Burial, May 10 1879

Geo. A. Hartman M. D.
Medical Attendant.

Undertaker, Henry Sloth

Place of Business, 389 Central Av *Address,* # 305 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be t duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Singleton Childs

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 60 Years, Months, Days.

Color, W Sex,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, {Give street and number.} # 820 N Pratt St

Cause of Death, First (Primary,) Dropsy (Gen'l)

Second (Immediate,) ~~Disease~~

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Friendship a.a. Co Wm A Epsten M. D.

Medical Attendant.

Date of Burial, May 10th 1879

Undertaker, Hughes & Co Address 1 Hanover Grace

Place of Business, 550 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the dut of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furni within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certifi setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the pe deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline F. Price

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 31 N Eutaw St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.) " "

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery C. Jos. Lloyd Martin M. D.

Date of Burial, May 10th 1879 Medical Attendant.

Undertaker, Hughes

Place of Business, 550 W Fayette St *Address* No 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Miles.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 Years. 2 Months, 10 Days.

Color, White *Sex,* Male

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 23 Bruce st.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) "

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 9

Jno S Pennington M. D.
Medical Attendant.

Undertaker, W. H. Blizzard *Address* 78 N Greene st.

Place of Business, 201 Penna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8th day of May

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharin ~~Mary~~ ~~Mattea~~ Maria Möller.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 664 Light St

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cimetry

Date of Burial, May 11th 1879

Dr. P. Hoffman M. D.
Medical Attendant.

Undertaker T. A. Todd

Place of Business, #181 Hanover St Address Fayette near Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ial Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Eckert

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 28. *Years,* 0 *Months,* 22 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 273 Eutaw Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 273 W Eutaw St

Cause of Death {First, (Primary,) Ptheisis Pulmon.

{Second, (Immediate,)

Duration of last Sickness, 1 Year.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 11th 1879

Louis E Horn M. D.
Medical Attendant.

Undertaker, C.K. Seawald

Place of Business, No 35 S. Eutaw St *Address,* 22 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ial Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Bacon

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 532 Wiagnitt St.

Cause of Death { First, (Primary,) Tuberculer Meningitis
Second, (Immediate,) Convulsions

Duration of last Sickness, 7 weeks

All the above Information should be furnished by the Physician,

Place of Burial, Holy Cross

Date of Burial, May 11th

Undertaker, Wm. J. Tickner

Place of Business, 68 S. Eutaw

Wm. B. Billingslea M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 2[illegible]

Board of Health, City of Baltimore,

Permit No. 92023

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPT. OF HEALTH MAY 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Vonig

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 46 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Butcher

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years.

Place of Death, {Give street and number} 1 Chapel St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Dimicat Hemorrhage.

Duration of last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 12 1879

Undertaker, Henry Tyler

Place of Business, 309 Central Av

G. A. Dohme M. D.
Medical Attendant.

Address, 86 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO'S CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 32024

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Rock

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 19 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 238 S. Bond st

Cause of Death, {First, (Primary,) —

{Second, (Immediate,) Typhoid fever

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Hollins St Depot

Date of Burial, May 11

Undertaker, Hamblin Lloyd

Place of Business, Bond & 191 Ja

L O Muderwitz M. D.
Medical Attendant.

Address, 125 Ellen st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32025

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPAR... MAY 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Jones

Sex, Male or Female, { cross out the word not required in this line. }

Age, Forty Two *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Somerset Co. Md

Duration of Residence in the City of Baltimore, Fourteen Y...

Place of Death, { Give street and number } No 494 N. Bath Street

Cause of Death { First, (Primary,) Heart Disease was taken Sunday last from symptoms that led me to believe she died from some heart trouble

{ Second, (Immediate,) from

Duration of last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 10 1879

Undertaker, John C. Jackson

Place of Business, 68 Park Ave

Chas D. Mc...... *M. D.*
Medical Attendant.

Address, 306 N. Fre...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

Permit No. 32026 — OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Bell Wolf.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* no *Months,* one *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 367 Lanvale St. moved there at the time she was taken

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) Exhaustion

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 11th 1879

Undertaker, John S. Mackey

Place of Business, Pacca & Conde

D. McCay Thomas, M. D. Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPT. OF HEALTH MAY 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Francis Travers

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 19 Years, Months, Days.

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Boot black

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 67 Leadenhall St.

Cause of Death, {First, (Primary.)} Consumption

{Second, (Immediate,)} Haemoptysis

Duration of last Sickness, 2 years 8 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, May 11

Undertaker, Hercules Ross

Place of Business, 95 Conway St

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

J. S. DUGANT & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 32028

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPAR
MAY
10
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Bailey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Street St. Orphan Asylum

Cause of Death, {First (Primary,) Bright's Disease of the Kidneys

Second (Immediate,) & Mrs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount. Olivet

Date of Burial, 10th May 1879

Undertaker, H.H. Jenkins Jr. J.J. Hutchins M. D.

Medical Attendant.

Place of Business, 16 Light, St. *Address* Fayette & Paca sts. City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 32029 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART MAY 10 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua Washington

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 43 — 0 Months, 0 Days.

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} alley North from Biddle St near Pena ave

Cause of Death, First (Primary,) Phthisis (Watts Ct)

Second (Immediate,)

Duration of Last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 11th 1879

J. L. Gibbons M. D.
Medical Attendant.

Undertaker, Fr Forchaud

Place of Business, Mulberry St *Address* 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32030

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret H Cochran

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Four *Years,* Five *Months,* —— *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 357 Druid Hill Ave

Cause of Death, {First (Primary,) Diphtheria

{Second (Immediate,) "

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, May 11th 1879

{*Undertaker,* Haughton & Co

{*Place of Business,* 65 S Broadway

Elias C. Price M. D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ecial Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32031

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPAR... MAY 10 1879 ...MORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Ed. Rolen

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 33 Burrough St.

Cause of Death, First, (Primary.) ____

Second, (Immediate.) Scarlatina

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 11th

R. J. H. Tall M. D.
Medical Attendant.

Undertaker, J. B. Hurley

Place of Business, 411 Light St. *Address,* 152 Shaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 32032 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART
MAY
10
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amarilla Turner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, ~~Black~~ Mulatto. *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Southampton Va.

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} Canal alley

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 11th 1879

Undertaker, Wm Samuel Gray

Place of Business, 65 Mulberry St

L. K. Merrick M. D.
Medical Attendant.

Address 131 W. Middle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Bonner

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1st *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 170 S. Dallas St

Cause of Death { First, (Primary,) ——— , Second, (Immediate,) Inanition

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, May 10th 1879

Undertaker, Geo T. Jones

Place of Business, S. Dallas St

James A. Steuart, M. D.

Medical Attendant

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

OVER

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 32034

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 10 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Drexel

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 65 *Years,* One *Months,* 2 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 141 E. Balt St

Place of Death, {Give street and number} Thirty seven years

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery.

Date of Burial, 12th of May

Undertaker, Fred Goede

Place of Business, 29 S. Caroline st, *Address,* 11 E. Balt St

A Gregg Sherkow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 32035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

H DEPAR
MAY
10
1879
BALTIMORE

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter Ruppert

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* 2 " *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balle Cemet

Date of Burial, May 11th 1879

..... *M. D.*
Medical Attendant.

Undertaker, ...

Place of Business, ... *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully invited to ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART MAY 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Barby

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 50 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Retained Placenta

Second, (Immediate,) —

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem'y

Date of Burial, May 10th 1879

Undertaker, F. A. Kirchner

Place of Business, 50, S. Carrollton

J B Bruce M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 32037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPART... MAY 10 1879 ...ENT BALTIMORE

Date of Death, May 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Hobens

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Ship Chandler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 116 S. High

Cause of Death, {First (Primary,) Cerhosis of Liver

{Second (Immediate,) Paralysis

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery Geo B Reynolds M. D.
Medical Attendant.

Date of Burial, May 11th 1879

{*Undertaker,* James D Byrne

{*Place of Business,* No 63 Pn Street *Address* 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL

Permit No. 32038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT MAY 10 1879 BALTIMORE MD

Date of Death, May 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Jackson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 6 weeks *Years,* *Months,* *Days.*

Color, colored *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Towsontown

Duration of Residence in the City of Baltimore, 1 week

Place of Death, {Give street and number.} 48 Cohen

Cause of Death, First (Primary,) Congenital deformity

Second (Immediate,) Exhaustion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, May. 11. 1879

Undertaker, John C Posdon

Place of Business, 63 Park Ave

Irving Miller M. D.
Medical Attendant.

Address 1798 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BEPAR MAY 10 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 10. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hahn

Sex, Male or Female, {cross out the word not required in this line.} F

Age, ____ *Years,* 4 *Months,* 4 4 1 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 502 S. Eut. Ave. & Intestinal Catarrh

Cause of Death, First, (Primary,) Exhaustion

Second, (Immediate,) One week

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem Road

Date of Burial, May 11 1879

Undertaker, Geo Sulz

Place of Business, 161 E Balto

G. A. Lusk M. D.
Medical Attendant.

Address, Balt & Mad Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32040

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPAR
MAY
10
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Cassel

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 3 *Years,* *Months,* *Days.*

Color, White

~~Married~~ Single, ~~Widow or Widower.~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 186 N. Dallas St

Cause of Death, First, (Primary.) Measles

Second, (Immediate,) Pneumonia

Duration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 12th 1879

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

Aug. H. Enoch M. D.
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

Permit No. 32041

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, may 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank H. Downs

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 184½ Wrest st -

Cause of Death First, (Primary,) Scarlet Fever.

Second, (Immediate,)

Duration of last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 11. 1879

Undertaker, S. W. Chase

Place of Business, 198 S. Howard St

J. Harvey Hill M. D.
Medical Attendant.

Address, 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ie Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 32044

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hill

Sex, Male or Female, { cross out the word not required in this line. }

Age, 37 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Steward on Boat

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, One year

Place of Death, { Give street and number } 245 S. Eutaw St.

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Apoplexy

Duration of last Sickness, Half hour

All the above information should be furnished by the Physician.

Place of Burial, Levert Cemetery

Date of Burial, May 11 1879

Undertaker, S. W. Chase

Place of Business, [redacted]

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Bayne

Sex, Male or Female, {cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days.*

Color, Col'd

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} 23 Pratt Ste

Cause of Death {First, (Primary,) Phthisis

{Second, (Immediate,) 3 Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, May 11 1879

Undertaker, S. W. Chase

Place of Business, 198 Howard St

Geo. W. Bennett M. D.
Medical Attendant.

Address, 114 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPAR
MAY
10
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Malloy

Sex, Male or Female, {cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number} Mr Clarkwork shop

Cause of Death { First, (Primary,) ... Second, (Immediate,) Casualty; Killed by a gun fully in his head, instantaneous death

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, 11th May 11

Geo C Cyclemore M. D.
Medical Attendant.

Undertaker, J H Crook

Place of Business, 707 W Baltimore St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 32 04

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clark

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 1/2 Days.

Color, Cold

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 90 L. Church s

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 90 L. Church s

Cause of Death, {First, (Primary,) Second, (Immediate,)} Pneumonia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemy

Date of Burial, May 11th 1879

Undertaker, Jacob Davis

Place of Business, Lee St

Geo. H. Benson M. D.
Medical Attendant.

Address, 44 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32046

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. MAY 11 1879 BALTIMORE

Date of Death, Saturday Morning, May 10th, 6:30 o'clock.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant, not named, give names of parents.} Ambrose Brooks

Sex, Male or Female, {Cross out the words not required in this line.} Male,

Age, Sixty-eight (68) *Years,* Two (2) *Months,* ——— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married,

Occupation, Laborer,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Talbot County, Md.

Duration of Residence in the City of Baltimore, Thirty-nine Years.

Place of Death, {Give street and number.} 57 Elbow Lane.

Cause of Death, First (Primary,) Internal injury from a fall

Second (Immediate,) Inflammation of the peritoneum

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Shady St

Date of Burial, May 11

Undertaker, Hercules Goss

Place of Business, 95 Conway St

Thos H. Claiborne M. D.
Medical Attendant.

Address, 106 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, d the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32047 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May Ninth

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Arnd

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, Seventy *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Female

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomac County Va

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and number.} Welcome Alley

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) ———

Duration of Last Sickness, Four Months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 11. 1879

Charles Allen M. D.
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 983 Howard St. *Address* 104 N. Monument St.

MAY 11 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART MAY 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Gray

Sex, Male or Female, {cross out the word not required in this line.}

Age, 98 (about) *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick Co Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 2 St Mary's st

Cause of Death { First, (Primary,) Old age
, { Second, (Immediate,) instantaneous

Duration of last Sickness, not sick at all

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 11, 1879

Undertaker, S. W. Chase

Place of Business, 138 Howard *Address,* 201 W. Baltimore St

R Winslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SE

Board of Health, City of Baltimore,

Permit No. 32049

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 11 1879 BALTIMORE

Date of Death, May 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie A. Kane

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Hat Finisher

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} No 142 Harford avenue

Cause of Death, {First (Primary,) Chronic Pneumonia

Second (Immediate,)

Duration of Last Sickness, 26 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 11 1879

{*Undertaker,* James O Byrne

Place of Business, No 63 N Front St

J. D. Whiteford M. D.

Medical Attendant.

Address 195 Lexington Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32080

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 11 1879 BALTIMORE

Date of Death, May 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Dettrig

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 33 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Mattress Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number} 72 Pommeroy St

Cause of Death First, (Primary,) Pneumonia (Croupous)

Second, (Immediate,) Asthenia

Duration of last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ct.

Date of Burial, May 12 1879

Undertaker, Henry Hoeck

Place of Business, 309 Central Ave

H W Fisher M. D.
Medical Attendant.

Address, 56 East Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 32057

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas A. B. East

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 64 S. Sharp St

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,) Diphtheria

Duration of last Sickness, about 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cem.

Date of Burial, May 11th 1879

Undertaker, Charles F. Herbert

Place of Business, 161 Hanover

J. Walter White M. D.
Medical Attendant.

Address, 30 N. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 32052

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 11 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9 th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Mosher

Sex, Male or Female, {cross out the word not required in this line.}

Age, 7 yrs *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number} 238 N. Durham Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Bronchitis

Duration of last Sickness, about 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, May 11th 1899

R. J. Browne M. D.
Medical Attendant.

Undertaker, H. Thuman

Place of Business, 13 Aisquith

Address, 307 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 32058

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1 1923 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1923

Full Name of Deceased; {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hunt

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 1132 Eutaw

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,)

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mt Clare

Date of Burial, May 12

Undertaker, Chas Lizzie

Place of Business, Bond & 5th

M. D.
Medical Attendant.

Address, 2411 Mosher

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 32054

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eddie Fred Kaesmeyer

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 5 *Months,* ____ 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 194 Lemmon St

Cause of Death, First, (Primary,) Gastric Irritation

Second, (Immediate,) Convulsions

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Co

Date of Burial, May 12th 1879.

Undertaker, Ph. Seewald

Place of Business, 35 S. Eutaw St

J. H. Kenney M. D.
Medical Attendant.

Address, 76 Stacia St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[0744.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 32055

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James McCabe

Sex, Male or Female, {cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Ship Smith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} 365 S Charles

Cause of Death, {First, (Primary,) Phthisis / Second, (Immediate,)

Duration of last Sickness, 20 Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 12th

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty st

Theodore Dietz M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 32056

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPAR... 12 1879 ...ALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Joseph Krause

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 8 *Years,* 9 *Months,* 20 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since Born

Place of Death, {Give street and number} S. E. Cor. Broadway and Fairmount Av.

Cause of Death, First, (Primary,) Dilatation of left ventricle with mitral ...

Second, (Immediate,) ...edema of lungs

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 13 - 1879

Undertaker, C. F. Krause

Place of Business, 204 Hanover

W. D. Arnold M. D.
Medical Attendant,

Address, S. E. Cor. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Bergman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5. *Years,* 5. *Months,* 6. *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 361 Saratoga St

Cause of Death {First, (Primary,)} Larelina arginosa

{Second, (Immediate,)} Diftheria.

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 12th 1879

Undertaker, P. Kennedy

Place of Business,

Louis C. Korn M. D.
Medical Attendant.

Address, 226 Fulbury St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
12
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Rudolph Holmes

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 196 Harford Ave

Cause of Death {First, (Primary,) Abscess Cervical
Second, (Immediate,) Contagious Diphtheria

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 13th

Undertaker, Geo Schilling

Place of Business, Island Square

M. B. Billingslea M. D.
Medical Attendant.

Address, Harford ave & Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Le-Loyd Holme

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Waverly Md.

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number} 196 Hanford ave

Cause of Death First, (Primary,) Croupous Diphtheria

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 13th

Undertaker, George Schilling

Place of Business, Ashland Square

W. B. Billingslea *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below.

Board of Health, City of Baltimore,

Permit No. 32060

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th May 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Crisalli

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Can Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 156 Barnet

Cause of Death, First, (Primary,) Fracture of the Skull

Second, (Immediate,)

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 12th 79

Undertaker, G. S. Martin

Place of Business, 150 Camden St.

A. W. Webster M. D.
Medical Attendant.

Address, 52 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 32061

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBT...ED WITHOUT A PROPER CERTIFICATE.

DEPART... MAY 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Harriet Kenney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days.*

Color, Servant

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Penn Powder Neck - Balto Co

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} No 5 Duncan Alley

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,) Asthenia

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, May 12th 1879

Undertaker, Thos. J Tilt

Place of Business, 73 Jefferson St

M. D.
Medical Attendant.

Address No 3½ S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 32062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May the 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emil R Hettel

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 1 Year, 4 Months, 5 Days.

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 379 N. Gay st

Cause of Death, {First (Primary,) Scarlatina anginosa

Second (Immediate,)

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 12th of May

Undertaker, George Milling

Place of Business, 212 E. Monument st.

A Strauchon M.D.
Medical Attendant.

Address 254 N. Carolinest

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32063.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Edwards

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, About Thirty one *Years,* — *Months,* — *Days.*

Color, Dble

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 77 ~~South Caste~~ E. N. Durham (St

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate,) Hemorrhage

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem'y

Date of Burial, May 12 1879 A. C. Dorland M. D.

Medical Attendant.

Undertaker, P. Mullin

Place of Business, Combridge St *Address,* Coroner E. N.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 32064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bilby Nowell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 53 Parkin st

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 70 Parkin st

Cause of Death, {First (Primary,) Asphyxia / Second (Immediate,)}

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem'y Jno Connell M. D.

Date of Burial, May 12th 1879 Medical Attendant.

Undertaker, F. A Kershner *Address* 498 W Fayette st

Place of Business, S. Conkling av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 32065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James. William Rice

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 3 weeks *Days.*

Color, White *Sex,* —

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number.} 421 N. McHenry Alley

Cause of Death, {First (Primary,) "Convulsions

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, May 12th 1879

{*Undertaker,* H B Cook

{*Place of Business,* No 707 N. Baltimore Street

Wm Holgdan M. D.
Medical Attendant.

Address Carroll P.O. Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 32066

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sister Mary Zita

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.} Female

Age, 20 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Sister of Mercy

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 16 Yrs

Place of Death, {Give street and number.} Cor Hollins & Poppleton Sts

Cause of Death, First (Primary,) Phthysis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 Yrs

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 12th 1879

Undertaker, J Black

Place of Business, No 707 W Baltimore Street

Tho. S. Latimer M.D.
Medical Attendant.

Address, 187 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL S

Permit No. 32067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPA MAY 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mai 10. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Thieme

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 50 *Years,* *Months,* *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Maried

Occupation, Negress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germania

Duration of Residence in the City of Baltimore, 22 Jear

Place of Death, {Give street and number.} N. front St 119 Baltimore

Cause of Death, First (Primary,) Phthisis pulmonalis

Second (Immediate,)

Duration of Last Sickness, 1. Jear

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, May 12/79.

Undertaker, C. L. Koenig

Place of Business, 97. Eden, St

John M. Ph. Smith M. D.
1188 E. Fayette St
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 32068

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johanna Eckert

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 94 E. Chappell

Cause of Death, { First, (Primary,) Scarlatina Maligna

Second, (Immediate,) Angina & Nephritis

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 13 1879

Undertaker,

Place of Business,

G. G. Kuck M. D.
Medical Attendant.

Address, Balt. & Wash. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[CY 22.]

OFFICE OF REGISTRAR OF VITAL

Permit No. 32069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth M. McVeigh

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, W. *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} #87. N. Stricker St

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate,)

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, May 12th 1879

Undertaker, Jos H. Doane

Place of Business, Cor Fremont Balto St

Geo H. Taylor *M. D.*

Medical Attendant.

Address 1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 32070

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Jefferson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 42 Years, Months, Days.

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Laborer,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore Lifetime

Place of Death, {Give street and number} 119. Chestnut ally

Cause of Death First, (Primary,) Phthisis,

Second, (Immediate,) Exhaustion.

Duration of last Sickness, 2 Years,

All the above information should be furnished by the Physician.

Place of Burial, Mount Hurst Street

Date of Burial, May 12th 1879

J. W. Chamber M. D.
Medical Attendant.

Undertaker, H. Hagerman

Place of Business, 62 Saratoga St. *Address,* 164 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of ~~illegitimate~~ children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 32071

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPAR... MAY 12 1879 BALTIMORE

Date of Death, May 10 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Ridley

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years* 4 *Months,* ~~ ~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 154 York Street

Cause of Death First, (Primary.) Hereditary

Second, (Immediate.) Consumption

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 12 "1879 James A. Steuart M. D.

Undertaker, W. Jos Gray

Place of Business, 65 Mulberry St Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jos Fitzpatrick [Or Dr.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 32072

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person s
sooner, if requested so to do, under pen

NO PERMIT FOR I[illegible] CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Gray

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 1 Stockton Alley

Cause of Death First, (Primary,) Spinal Irritation

Second, (Immediate,) Convulsions

Duration of last Sickness, ~~~

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, May 13 1879

Undertaker, S. W. Chase

Place of Business, S Howard St *Address,* Comm of Health & Registrar

V M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Illegitimate Dr. John T. Kelly [COVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 32073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPA MAY 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Oliver

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 106 Thames Street

Cause of Death { First, (Primary.) Neuralgia in the head
Second, (Immediate,) & Dizziness

Duration of last Sickness, Confined only a few days

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery

Date of Burial, May 13 1879

James H Lewis M. D.
~~Medical Attendant.~~

Undertaker, Hughes & Co

Place of Business, S. Broadway

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd Geo E. Taylor M. D. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 32074

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPA MAY 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ida Hall

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Eight *Years,* 3 *Months,* *Days.*

Color, Colored *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 79 Jasper Street

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 32 Carlton St

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Diphtheria

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Pub. Cemetery.

Date of Burial, May 10, 1879

Undertaker, Fredk A. Kercher

Place of Business, 50 Carrollton Ave

E. A. Holbrook — M. D.
Medical Attendant.

Address Hom. Free Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore

Permit No. 32073

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugenia Mrvikin

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Forty one *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 9 N Bond St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Dolls Cemetery

Date of Burial, May 13th 1879

Undertaker, Lee & Maulsby

Place of Business, 60 E. Baltimore 38 Madison ave

Wilson Coughlin M. D.
Medical Attendant.

Address, 217 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ann Cole

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} n Eastern 118

Cause of Death, First, (Primary.) Pregnancy Renal disease Dropsy illness

Second, (Immediate,) continuing 3 mths Id Anuria Renalis

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County Orford Dike

Date of Burial, 13 May 10 Oclock A.M. E. C. Baldwin M. D.

Medical Attendant.

Undertaker, Wm. L. Entzminger

Place of Business, 27 Eutaw St. *Address,* 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Permit No. 32077

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPA... OF HEALTH MAY 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Shardeman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* ... *Months,* ... *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Co. Md. 20 years.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 149 Townsend St.

Cause of Death, {First (Primary,) Abscess Pyaemia 9 days. Second (Immediate,)}

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 13th 1879

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

J. W. C. Cuddy M. D.
Medical Attendant.

Address 383 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo

Permit No. 32078

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPA
MAY
13
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Magdalena Beswald

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 18 *Years,* 4 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Helena Mont.

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, { Give street and number } 167 S. Charles

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, About 2 years.

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis Cemty

Date of Burial, May 13th.

Undertaker, H. Foehlich

Place of Business, 246 Easter Av

Howard Arnold M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 32079

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 13 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Snyder

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* Ten ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 139 N. Front St

Duration of Residence in the City of Baltimore, Ten days. ✓

Place of Death, {Give street and number.} 139 N. Front St

Cause of Death, First (Primary,) Measles.

Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 13 1879

Appleyeales M. D.
Medical Attendant.

Undertaker, James D Byrne

Place of Business, No 63 N. Front St *Address* 135 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 32080

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 13 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosina Voyce

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 30 Warren Av

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Pneumonia

Duration of last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, May 14 79

Undertaker, Sisson & Denny

Place of Business, 263 Lee

H. B. Noble M. D.
H. W. Webster Medical Attendant. &

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 32081 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *a* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12 th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Ricketts

Sex, Male or Female, {cross out the word not required in this line.}

Age, Year *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 702 S. Charles Street

Cause of Death { First, (Primary,) Second, (Immediate,) } Scarlatina Malignia

Duration of last Sickness, Sixty hours

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill cemetery

Date of Burial, May 13 79

Undertaker, Ashley & Dunn

Place of Business, No 765 Light *Address,* 306 N. Gay St

Chas. H. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 32082

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Bevan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, During his life

Place of Death, {Give street and number.} Eutaw Place & Laurale St.

Cause of Death, First (Primary,) General failure with Cardiac Weakness

Second (Immediate,) General Anasarca ~~Exhaustion~~.

Duration of Last Sickness, Abont Three Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cy

Date of Burial, May 13th

Undertaker, Jno Saul & Mowen

Place of Business, 35 Park

Jas Carey Hanay M.D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

Permit No. 32083

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12 - 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Davis

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 4½ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State of country, (and how long in the United States if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 1 mo

Place of Death, {Give street and number} Corner Chilt

Cause of Death, {First, (Primary.) Head Inflam

{Second, (Immediate.)} ____

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 13th 1879

Undertaker, C. H. Blizzard

Place of Business, Penn Ave *Address,* ____

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Lee

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 2 1/2 *Months,* ____ *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number} Aurora and Chilton Hospital

Cause of Death, First, (Primary,) Whooping Cough

Second, (Immediate,) ____

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 13 1879

Undertaker, C. H. Blazier

Place of Business, Penn Ave *Address,* ____

C. E. Lee, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32085

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lorw E. Wilson

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Mississippi

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Nursery & Child's Hospital

Cause of Death, { First, (Primary.) Mal Nutrition

{ Second, (Immediate,) ____

Duration of last Sickness, 8 mo

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 13

C. F. Brown, M. D.
Medical Attendant.

Undertaker, C. W. Morgan

Place of Business, 207 W. Pratt

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct return of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32086

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPAR
MAY
13
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin E. Longnecker

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 1 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick Co. Md

Duration of Residence in the City of Baltimore, Three wks.

Place of Death, {Give street and number} 532 N. Amity St

Cause of Death, First, (Primary.) ____

Second, (Immediate,) Hydrocephalus

Duration of last Sickness, Three wks.

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery

Date of Burial, May 13 1879

R. F. Hill M. D.
Medical Attendant.

Undertaker, P. Klunnett

Place of Business, Mulberry St *Address,* 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Christine Infant

~~*Sex,* Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* 1 *Months,* 3 *Days.*

Color, White *Sex,* Female

~~Married, Single~~ *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Factory Operative

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Osnaburgh

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number.} 291 West Biddle St

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Senile Decay

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, ~~Bonn~~ Old Cathedral

Date of Burial, May 14th 1879

Undertaker, Chas J. Andrews

Place of Business, 1064 & 66 Druid Hill Ave

N. G. Ridgely M. D.
Medical Attendant.

Address 162 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32088

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Wagner

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Eight (8) *Years* (Two) 2 *Months,* ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 154 Greenmount Ave

Cause of Death {First, (Primary,) Diptheritis

{Second, (Immediate,) Asthenia

Duration of last Sickness, Six (6) Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 14/79

S. W. Sloan M. D.
Medical Attendant.

{*Undertaker,* C. H. Rooney,
{*Place of Business,* 131 E. Fayette St.

Address, S.E. Cor Eager & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

VITAL STATISTICS
MAY 13
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 May 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Heinrich Christoph Witte

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 39 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Store keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany . 19 years in U. S.

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} W. Pratt St corn Emory St

Cause of Death, First (Primary,) Cirrhosis of liver

Second (Immediate,) Hydrops ascites and haemorrhage of bowels.

Duration of Last Sickness, half a year.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 14 May 1879

Undertaker, Georg Leimbach

Place of Business, 389 W Pratt Street

A. F. Bernhard M. D.
Medical Attendant.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mathilda Minor

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} female

Age, 55 *Years,* 7 *Months,* ——— *Days.*

Color, Mulatto

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} married

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Louis. Mo.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} No 48 Walker St

Cause of Death, First (Primary,) Consumption

Second (Immediate,) ———

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, May 13th 1879

Undertaker, Wm F Madden

Place of Business, 335 N Howard st

Chas F. Heuser M. D.
Medical Attendant.

Address 625 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ... May 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucinda & R. Blackwell

Sex, Male or Female, {Cross out the word not required in this line.} (Twin) ..... (Parents

Age, ~~—~~ *Years,* ~~—~~ *Months,* 3 hours *Days.*

Color, ... *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} .....

Cause of Death, { First (Primary,) .....
Second (Immediate,) .....

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 12th 1879

Undertaker, P. Madden

Place of Business, 935 N. Howard St

Henry Boyle *M. D.*
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucinda A. R. Blackwell

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Twin — Parents

Age, ——— *Years,* ——— *Months,* 3. hours ~~Days.~~

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 12 Upton alley

Cause of Death {First, (Primary,) Premature Birth

{Second, (Immediate,)

Duration of last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 13/79

Harvey L. Byrd M. D.
Medical Attendant.

Undertaker, W. W. Madden

Place of Business, 335 N. Howard *Address,* (St.) Copy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Copy

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32093

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12. 1879.

Full Name of Deceased, {Write legibly and g[illegible] correctly. If an I[illegible] not named, give n[illegible] of parents.} William H. Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, 43 *Years,* 3 *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, conductor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} 230 Paine street

Cause of Death, First, (Primary,) Paralysis caused by an injury of the spine.

Second, (Immediate,)

Duration of last Sickness, six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co[illegible]

Date of Burial, May 15th 1879

J. J. Litzer M. D.
Medical Attendant.

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw *Address,* 160 Saratoga st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alpheus Ball

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calhoun Co. W. Virginia

Duration of Residence in the City of Baltimore, 7 wks.

Place of Death, {Give street and number} University Hospital

Cause of Death First, (Primary,) Septicemia Chronica,

Second, (Immediate,) Asthenia & Anaemia

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Gilmer Co. W. Va

Date of Burial, May 14th 79

T. B. Bruce M. D.
Medical Attendant.

Undertaker, John S. Mackie

Place of Business, Paca St. *Address,* University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32095.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa & Frank Spalla (Parents)

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 Minutes Days

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 43 President St

Cause of Death { First, (Primary,) ——— Second, (Immediate,) Unknown

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemet

Date of Burial, May 13 1879

Undertaker, Weed & Schiek

Place of Business, S. Bond St

Stuart Hemmig M. D.
~~Medical Attendant.~~

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd E. Weinman [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Johnson

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No. 8. Bethel St. E

Cause of Death {First, (Primary,) Inher. Syphilis!

Second, (Immediate,) Exhaustion

Duration of last Sickness, Two months,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 13. 1879

Undertaker, William Lingo

Place of Business, 62 East st

J. W. Chambers M. D.
Medical Attendant.

Address, 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPT. OF HEALTH MAY 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bruce Harkness

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 22 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 232 Pierce St

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 232 Pierce

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) ____

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery

Date of Burial, May 14th 1879

Undertaker, John I. Auchincloss

Place of Business, Druid Hill Ave *Address,* ____

S T Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. MAY 13 1879 BALTIMORE

Date of Death, May 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Thomas Taylor

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* (2) Two *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States. if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 1112 S. Burgundy St.

Cause of Death, First, (Primary.) ____ Second, (Immediate.) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 14 1879 Jno D Blake M. D.
Medical Attendant.

Undertaker, J. S. Thacker

Place of Business, Camden St *Address,* 44 Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th May 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Gosnell

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, 78 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 211 George St.

Cause of Death, {First (Primary,) Congestion of Lungs

{Second (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 14th 1879

Undertaker, F. L. Schaefer

Place of Business, 109 N Fremont Ave

A. M. Littell, M.D.
Medical Attendant.

Address, 126 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 2 30 P. M. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Lind Steltzmann

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 15 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} × ×

Occupation, × ×

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} S. E. cor. Holliday & Alice Anna

Cause of Death { First, (Primary.) ~~Pyaemia~~ Diphtheritic Croup
Second, (Immediate.)

Duration of last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial 14th May 1879

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice Anna *Address,* 796 Baltimore Street

Geo. E. Donnelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. MURPHY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 32101

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Francis Henry

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* 18 *Months,* — *Days.*

Color, Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and number.} No. 15 Duncan Alley

Cause of Death, {First (Primary,) Tubercular Meningitis
Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Lorril cemetry

Date of Burial, May 13. 1879

Undertaker, Theodore J. Lochs

Place of Business, No 7 Jefferson st

J. D. Tilden *M. D.*
Medical Attendant.

Address No 340 E. Pratt-st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Babetta Fribley

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 61 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number} Cor. Caroline & Monument

Cause of Death, First, (Primary.) Strangulated Ventral Hernia

Second, (Immediate,) ____

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Saint Helena Cemetery

Date of Burial, May 15th 79

Undertaker, Wm. Law

Place of Business, 101 Gough St *Address,* ____

Frank Kaufold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Vogler

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 10 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} =

Occupation, =

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, =

Place of Death, {Give street and number} No 5-9 Milliman St

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Pneumonitis.

Duration of last Sickness, 12 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Wolfe St Cemetery Bons

Date of Burial, May 13th

Undertaker, Wm Dingel

Place of Business, Bond St

G. J. Taylor M. D.
Medical Attendant.

Address, 216 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 14 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wallis C. Herring

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 23 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Section Boss at Locust Point

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 23 yrs & 4 Mo

Place of Death, {Give street and number} Basin, near Locust Point

Cause of Death { First, (Primary,) Accidentally / Second, (Immediate,) Drowned

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cemetery

Date of Burial, May 14, 1879

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

R. C. Lee M. D.
Medical Examiner
Coroner's, D.

N. W. Cor

Address, Hanover & Barre Sts.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 32105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa N. Gaertner

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Twenty Eight *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 133 S. Ann St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, one year.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 14. 1879

Undertaker, H. A. Dayer

Place of Business, 74 S. Broadway

Nicholas L. Bothell M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 32106

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th, 1879 —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mrs Rosie Robinson —

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 43 — *Years,* — *Months,* — *Days.*

Color, White — *Sex,*

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Nurse —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lancaster Co. Va —

Duration of Residence in the City of Baltimore, 9 years —

Place of Death, {Give street and number.} 411 North Sharp St

Cause of Death, First (Primary,) Phthisis —

Second (Immediate,)

Duration of Last Sickness, 2 years —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 14th 1879

R. H. Goldsmith M. D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 2718 E. Eutaw St

Address 106 Hanover Avenue —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Haug

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 19 *Years,* 4 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, nineteen yrs

Place of Death, {Give street and number} # 111 Fredk Ave,

Cause of Death {First, (Primary,) Pulmon Consumption

{Second, (Immediate,)

Duration of last Sickness, about 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, May 15

{*Undertaker,* [illegible]

{*Place of Business,* 16 Fredk Ave

J. L. Smithson M. D.
Medical Attendant.

Address, 584 W. Hoyt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Alberta Martin

~~*Sex, Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Stanford Co

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and number} 163 W Lombard St

Cause of Death, First, (Primary.) Bronchitis

Second, (Immediate.) Peritonitis

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Stanford County Md

Date of Burial, May 14th 1879

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

Thos W Kay M. D.
Medical Attendant.

Address, 163 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Sept. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th May 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Blundell

Sex, Male or Female, {cross out the word not required in this line.} M

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Iron Cutter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} H. S. Calhoun

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, One Year —

All the above information should be furnished by the Physician.

Place of Burial, Old Catholic Cemetery

Date of Burial, May 15th 1879

Undertaker, H. Cook

Place of Business, No 707 W. Baltimore Street

Chas. F. Buchholz M. D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32 110

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 14 1879 BALTIMORE

Date of Death, May 13th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard G Foster

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 35 ? *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, {Give street and number} 25 N Little Sharp St

Cause of Death, First, (Primary.) Heart Disease Paralysis

Second, (Immediate,)

Duration of last Sickness, 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, May 13

Undertaker, Patterson & Mullin

Place of Business,

Edw J Brockbon M. D.
Medical Attendant.

Address, Corner N & P L

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Hamilton

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number} 124 Eisden St.

Cause of Death, {First, (Primary,) Phthisis Pulmonalis

{Second, (Immediate,) 8 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 14, 1879

A. M. Hall M. D.
Medical Attendant.

Undertaker, E. W. Chase

Place of Business, 198 E. Howard St. *Address,* 242 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 32112

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Viney

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 25 *Years,* 2 *Months,* _____ *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Eastern Shore, Maryland

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} No: 8 Pearce Street

Cause of Death, {First (Primary,) Consumption of the lungs. Second (Immediate,) with Throat Complication.

Duration of Last Sickness, Four weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 14 1879

Undertaker, S W Chase

Place of Business, 198 Howard St

Samuel Johnston M. D.
Medical Attendant.

Address 80 W. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H. Calvin Guilman

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Railroad brakeman.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Frederick Co. Md.

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, { Give street and number } 150 East St.

Cause of Death { First, (Primary,) Pleurisy. Second, (Immediate,) 19 months.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 16 1879

Undertaker, James P Burns

Place of Business, N° 63 N Frent St

Edward P Andrews M. D.
Medical Attendant.

Address, 157 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Elizabeth Cungeman

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* 10 *Months,* 13 *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary.) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, W. S. Bap. St. Paul Cem.

Date of Burial, May 15th 1879.

..... *M. D.*
Medical Attendant.

Undertaker, R. Hartman

Place of Business, 63 N. Eden St. *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Sayers.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, unknown *Years,* Supposed to be 76 years *Months,* *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, {Give street and number} Druid Hill Ave No. 31

Cause of Death, First, (Primary,) Old age

Second, (Immediate,)

Duration of last Sickness, one week.

All the above Information should be furnished by the Physician.

Place of Burial, Port Deposit

Date of Burial, May 14th 1879

Undertaker, Jos. Eichelberger

Place of Business, Druid Hill Ave

Louis L. Klopf M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special permit by Dr. L. A. B. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th May 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Linthaum

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, W *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland -

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} Aged Womens Home

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate,)

Duration of Last Sickness, 3 months -

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 16th May 1879

Undertaker, H. W. Jenkins Son

Place of Business, #16 Light St.

Geo H. Taylor M. D.
Medical Attendant.

Address Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 32117

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes S. Magness

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Three *Years,* 5 *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} Corner Madison & Hartford Ave.

Cause of Death, {First (Primary,) Croup
Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, 15 May 4 O'clock P

Undertaker, Geo. G. Bordenave

Place of Business, 55 Park Place

Edw. DeLoughery M. D.
Medical Attendant.

194 N. Calvert St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,) Atrophia

Duration of last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 15th 1879

Undertaker, Geo. Gaffran

Place of Business, 121 Penn Avenue

Mahony Brown M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

Board of Health, etc. [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Peck

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Four *Years,* Four *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number.} 312 Hughes St

Cause of Death, {First (Primary,) Consumption / Second (Immediate,) Exhaustion

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 15 1879

Undertaker, Hamilton Ross

Place of Business, 95 Conway St

Julius Hall M. D.
Medical Attendant.

Address Southern Dispensary
77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32120

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah Watkins

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, One *Years,* — *Months,* 12 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 75 Woodmans alley

Cause of Death First, (Primary,) Mal Nutrition {Contributed Nursing

Second, (Immediate,) Atrophy

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem'y

Date of Burial, May 15th 1879

Undertaker, Jacob Davis

Place of Business, 103 Lee St. *Address,* Comm'r of Health

James Steuart M. D.

~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jos Vansant

[OVER.]

Permit No. 32127

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15th May 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Schleich

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 9 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number.} S. Durham street No 12.

Cause of Death, First (Primary.) Dentitio

Second (Immediate.) Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Ephraim's Cemetery.

Date of Burial, 16th of May.

Undertaker, Fred Gaede.

Place of Business, 29 S. Caroline st.

William Henrich M.D.
Medical Attendant.

Address S. Wolfe & Mt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32122

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

UNITED PORTRAIT
MAY
15
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Cox

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 40 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, House Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} S^th W^n Hospital

Cause of Death { First, (Primary.) Consumption
Second, (Immediate,) Exhaustion

Duration of last Sickness, about 18 mos

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 15 1879

Oscar J Cokery M. D.
Medical Attendant.

Undertaker, Henry Hoed

Place of Business, 209 Eutaw Ave

Address, 188 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No: 32143

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Zygai

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 hours *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, 5 hours

Place of Death, {Give street and number} #99 Thames St.

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) (8 months)

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

John H. Rehbergen M. D.
Medical Attendant.

Address, 243 Alice Anne St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32124

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 1879

Date of Death, May 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Pratt

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 0 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No. 32 E. Centre St.

Cause of Death First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 25th 1879

Undertaker, C. M. Gibmyer

Place of Business, 41 Centre St.

W. Hartley M. D.
Medical Attendant.

Address, 32 E. Centre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday May 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Mason,

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number} 442 Central Ave (Front

Cause of Death, First, (Primary,) Congestion of Brain,

Second, (Immediate,) Convulsions,

Duration of last Sickness, 9 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 15th 1879

Wilmer Brinton M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw *Address,* 269 N. Carlton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Head Benner

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* half *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 243 W. Dallas St

Cause of Death { First, (Primary,) ——— Second, (Immediate,) Convulsions

Duration of last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 15th 1879

Undertaker, Wm. Diffee

Place of Business, S. Bond St

Jas. A. Steuart M. D.
~~Medical Attendant.~~

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman

[OVER.]

OFFICE OF REGISTRAR OF VITAL

Permit No. 32127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence F. Dorsey.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 10 *Years,* 9 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Single

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore. Md.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 525 Saratoga St.

Cause of Death, First (Primary,) Scarlatina Maligna.
Second (Immediate,) Albuminuria

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 17th 1879

Undertaker, P. B. Cook

Place of Business 1707 W. Baltimore Street

A. Hollaston M. D.
Medical Attendant.

Address 343 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Schultheis

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 58 *Years,* 1 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cabinet Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number} 186 E Bond St

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,)

Duration of last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphons

Date of Burial, May 17

Undertaker, H. Schultheis

Place of Business, E. Monument 261

D W Cathell M. D.
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand Chatard Henkins

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number} N.E. cor St Pauls & Mad sts

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Croup

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Thursday 15th May

Thomas Shearer M. D.
Medical Attendant.

Undertaker, H. McKenkin & Son

Place of Business, 16 Light St

Address, 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 32130

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie V. Tyler

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 12 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Infant

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 175 E. Eager Street

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 15th May

Undertaker, H. C. Wiedefeld

Place of Business, 91 Greenmount Av

J. D. Whitford *M. D.*
Medical Attendant.

Address No 195 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ariadna O. Booth

Sex, Male or Female, {cross out the word not required in this line.} /

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 544 W. Baltimore St

Cause of Death { First, (Primary,) Myelitis

Second, (Immediate,)

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 16th 1879

Undertaker, F. Louis Schaefer

Place of Business, 109 N Fremont St

B. F. Phillips M. D.
Medical Attendant.

Address, 319 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 21321

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eveline Esther Harrison

~~Sex, Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 73 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} South River Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number.} 464 Mulberry Street.

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,) Molecular Effusion.

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cem

Date of Burial, May 16/79

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St

Wm Lane M.D.
Medical Attendant.

Address, Dr. 16 n Liberty St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32133.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* t, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Tillmann

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 34 Years, 11 Months, ——— Days.

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Innkeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 246 Eastern Ave

Cause of Death, First, (Primary,) Phthisis pulmonum

Second, (Immediate,) Marasmus

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, 1st St Paul Cemty

Date of Burial, May 16th

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av

J Mathieu M. D.
Medical Attendant.

Address, 245 E. Dummore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ity of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 32137

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lawrence Bush

Sex, Male or Female, {Cross out the word not required in this line.} "

Age, 67 *Years,* 2 *Months,* 23 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Jeweler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} No. 161 Orleans St.

Cause of Death, First (Primary,) Gastro Enteritis

Second (Immediate,)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Ct. Olivet Cem.

Date of Burial, May 16th 1879

Francis A Sauer M. D.
Medical Attendant.

Undertaker, Henry Heck

Place of Business, 30 & 32 N. Central Ave. *Address* 106 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 32135 #32135 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 16 1879 BALTIMORE MD

Date of Death, May 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Percy L. Hammond

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 8 Lexington Alley

Cause of Death, First (Primary,) Inanition following measles

Second (Immediate,)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, May the 16th 1879

Undertaker, Wm H. Dungee

Place of Business, 62 East St

W. L. Hall (27 Smith) M. D.
Medical Attendant.

Address 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32136

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Bundy

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, Twenty Eight *Years,* ____ *Months,* ____ *Days.*

Color, ~~White~~ Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Westmoreland Co Va

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number} #289 N Dallas St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, May the 14th 1879

Undertaker, Wm H Lingee

Place of Business, 1 East St

Geo A Hartman M. D.
Medical Attendant.

Address, #306 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. SOLLMAN & CO. CITY PRINTERS AND STATIONERS.

[0724.]

Permit No. 32137

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William White

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* six *Months,* *Days.*

Color, Black *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West-River a, a, co,

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} No. 31 - Rock st:

Cause of Death, First (Primary,) Debility:

Second (Immediate,) Convulsions

Duration of Last Sickness, Two days -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery J. B. Gardner M. D.

Date of Burial, May 16, 1879 Medical Attendant.

Undertaker, S. W. Chase *Address* 120 N. Greene st:

Place of Business, 198 Howard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 32138

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Graf

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 60 *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, 60 years.

Place of Death, {Give street and number.} 43 Elbow Lane W of S Greene st

Cause of Death, First (Primary,) Typhoid Fever.

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 16 [illegible]

Undertaker, Saml Chase

Place of Business, Howard & Hill sts

Thos Edward Kirby M. D.
Medical Attendant.

Address 24 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 32139

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 16 1899 BALTIMORE

Date of Death, May 15th 1899

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Barrett

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Labor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number} 10 Woodyear Street

Cause of Death, First, (Primary.) ~~Phthisis~~ Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Three (3) Years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 16

Geo R Reynolds M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 West Baltimore *Address,* 412 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 82140

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Ricketts

Sex, Male or Female, {cross out the word not required in this line.}

Age, 7 years *Years,* 4 M'ths *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 702 E. Chas. St.

Cause of Death First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill cem.

Date of Burial, May 16th.

Chas. H. Yellis M. D.
Medical Attendant.

Undertaker, Jno. Ulrich & Denny

Place of Business, 263 Light St. *Address,* 206 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helena Eisen

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 56 *Years,* 6 *Months,* —— *Days*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number.} 99 Conway St

Cause of Death, {First (Primary,) Typhoid fever

Second (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 17

Undertaker, Chas. F. Schlemann

Place of Business, 6 Little Paca St

J. Sullivan M.D.
Medical Attendant.

Address, 137 W. Fayette St.

BATH DEPARTMENT MAY 16 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAY 16 1879

CERTIFICATE OF DEATH.

Date of Death, May 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Dorsey

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* 9 ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 477 W^m Eldersley St

Cause of Death {First, (Primary,)

{Second, (Immediate,) Pneumonia

Duration of last Sickness, all its Life more or less

All the above information should be furnished by the Physician.

Place of Burial, Asbury Ex cemetery

Date of Burial, May 16 1879 Thos H Sim M. D.

~~Medical Attendant.~~

Undertaker, W^m D. Locke

Place of Business, Jefferson St *Address,* Commissioners Police

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd by Geo E. Taylor

[OVER.]

Board of Health

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 16 1879 BALTIMORE

Date of Death, May 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Royals

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore, Nine months

Place of Death, {Give street and number.} 362 West Street

Cause of Death, {First (Primary,) Natural / Second (immediate,) Diphtheria

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, May 16 1879

Undertaker, Hercules Ross

Place of Business, Conway St

H. K. Ulrich M. D.
Medical Attendant.

Address Cor of Hanover & Lee Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30144

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hamilton Pinckney

~~Sex~~, *Male* ~~or Female~~, {cross out the word not required in this line.}

Age, Yrs *Years,* — *Months,* — *Days.*

Color, Colored

~~Married~~, *Single*, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cambridge, Dorchester Co., Md.

Duration of Residence in the City of Baltimore, 5 years.

Place of Death, {Give street and number} No 4 Wilkot's alley {Behind Gilmor St and near Cumberland st.

Cause of Death, First, (Primary.) Vertebral caries,

Second, (Immediate,) Anasara. Caused by venous obstruction, due to internal abces's.

Duration of last Sickness, 13 Month

All the above information should be furnished by the Physician.

Place of Burial, Franklin Cemetery

Date of Burial, May 17th

Undertaker, Chas A Miles

Place of Business, 14 Granby St

William Rickert M. D.
Medical Attendant.

Address, 520 Penna. Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 32145

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 15 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elgenal Marfolk

Sex, Male or Female, { Cross out the word not required in this line. }

Age, two *Years,* four *Months,* 1 *Days.*

Color, Col'd *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Calvert Co Md

Duration of Residence in the City of Baltimore, Fifteen Months

Place of Death, { Give street and number. } # 3 Little Pine St

Cause of Death, First (Primary,) Cerebritis

Second (Immediate,) Convulsions

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 16th of May

Undertaker, Thos. F. Miller

Place of Business, 25 Granby St

A. Kennard M. D.
Medical Attendant.

Address 379 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32146

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew J. Ray

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} St. Agnes Hospital

Cause of Death {First, (Primary,) Chronic Pleurisy
Second, (Immediate,) Exhaustion

Duration of last Sickness, about 5 Mo's.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 17th 1879

Undertaker, Roy W. Mears

Place of Business, 46 N Gay St

Oscar J. Culbreth M. D.
Medical Attendant.

Address, 188 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32147

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Josephine Kline

Sex, Male or Female, { cross out the word not required in this line. } female

Age, 6 *Years,* 8 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and number } 266 N. Central Av,

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas's Cem

Date of Burial, Sep 16 1879

Undertaker, Henry Keuth

Place of Business, 204 Central Av

E. J. Daniel M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32148

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Elisabeth Gerhuerm

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One (1) *Years,* Four (4) *Months,* Eight (8) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line,}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 234 E Baltimore Street

Cause of Death First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Marasmus

Duration of last Sickness, Twelve (12) Days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 18th 1879

Undertaker, Henry Hoeck

Place of Business, ~~May 18th 1879~~ 309 N. Central Ave

S. W. Sloan M. D.
Medical Attendant.

Address, 1 E Col Eyer Mansion Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Henry Baker

~~*Sex,* Male or Female,~~ {cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 14 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 213 S. Richmond

Cause of Death { First, (Primary,) Rheumatism
, { Second, (Immediate,) Marasmus

Duration of last Sickness, 2 month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 17th of May 1879

{ *Undertaker,* W. France

{ *Place of Business,* Canton Ave.

J. Hartle M. D.
Medical Attendant.

Address, 245 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 32157

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART
MAY 17
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah A Guy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* .....

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Do Years

Place of Death, {Give street and number.} 879 W. Pratt

Cause of Death, First (Primary,) Cerebral Dis. of Heart

Second (Immediate,) Dropsy

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Barnas Bray

Date of Burial, 19th May

Undertaker, Peter Plummer

Place of Business, 217 Lucketts St

Jno Duncan M. D.
Medical Attendant.

Address 688 W. Fay.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert M Dieney

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 12 *Years,* 3 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 252 Columbia St

Cause of Death, First, (Primary.) Valvular disease of the heart

Second, (Immediate,) Dropsy

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 18th 1879

Undertaker, J. W. Mackin

Place of Business, 150 Cumberland

J Hennessy M. D.
Medical Attendant.

Address, 76 Place St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPT. OF HEALTH MAY 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mich L Lanagan

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 47 *Years,* 7 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number} 41 McCulloh St

Cause of Death, {First, (Primary,) Cancer rectum

Second, (Immediate,) Hemorrhage from rectum

Duration of last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, May 18th 1879

Felix Jenkins M. D.
Medical Attendant.

Undertaker, Thos L Hughes

Place of Business, 110 E Fayette

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City [illegible]

Permit No. 32153

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella May [illegible]

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 6 *Years,* 4 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 46 N. Poppleton St

Cause of Death, First (Primary,) Malignant Diphtheria - Laryngeal

Second (Immediate,) Syncope and Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem.

Date of Burial, May 18th 1879

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St.

Hammond & Moffitt M.D.
Medical Attendant.

Address, 64 N. Paca

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32154

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Weitmeyer

Sex, Male or Female, { cross out the word not required in this line. } male

Age, 3 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and number } 472 Canton Av

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) ____

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paulus Cemetary

Date of Burial, 18th May 1879

Undertaker, Wm. Nicolaus

Place of Business, 255 Alice Ann

H. D. ____ *M. D.*
Medical Attendant.

Address, 2[illegible] Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FIL

Permit No. 32155

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christine Leutner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days.*

Color, White *Sex,* —

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hessen, Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 306, S. Sharp St.

Cause of Death, First (Primary,) Enteritis

Second (Immediate,) Ulcus

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Luthrin Centry Druid Hill Park Dr Morris Steiner M. D.

Medical Attendant.

Date of Burial, May 18th 1879

Undertaker, Adam Weidemeyer *Address* 249, W. Fayette St.

Place of Business, 518 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 32156 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT MAY 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17 " "79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daisy Peregoy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* " *Months,* " *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} " "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} 2317 N. Caroline St.

Cause of Death, {First (Primary,) "

{Second (Immediate,) Intercular Meningitis

Duration of Last Sickness, 2 or 3 Weeks

All the above information should be furnished by the Physicain.

Place of Burial, ~~Greenmount Cemetery~~ Linden Park Cemetery

Date of Burial, May 19, 1879 o'clock P

Edmund M. D.
Medical Attendant.

Undertaker, George C Bodenmayer

Place of Business, 38 Eutaw Street Address Druid Hill Ave & Hoffman St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1879.

HEALTH DEPT. MAY 17 1879 BALTIMORE.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Maria Wingate

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 71 *Years,* 8 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number} 360 E Baltimore St

Cause of Death First, (Primary,) Cerebral Softening

Second, (Immediate,) Asthenia

Duration of last Sickness, a year or fifteen months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 19. 1879

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

D W Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 32158

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday May 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William W. Ramsay

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number} 5th Miller St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of last Sickness, 15 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 17, 1879

Undertaker, H. A. Dayer

Place of Business, 74 S. Broadway

Wilmer Smallwood M. D.
Medical Attendant.

Address, 269 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 32159

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 17 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Griffith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} N. Gilmor St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 17 1879

Undertaker, C. H. Blizzard

Place of Business, Penna Ave

S. C. Chew M. D.
Medical Attendant.

Address 141 Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 32,160

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. MAY 18 BALTIMORE

Date of Death, May 17th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ohm

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 70 *Years,* 3 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Housekeeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 48 years

Place of Death, { Give street and number } 264 Johnson St.

Cause of Death, { First, (Primary,) Angina Pectoris

Second, (Immediate,)

Duration of last Sickness, 2 or 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

DR. J. H. SMITH MAY 17 1879 BALTIMORE, MD.

Date of Burial, May 20th

Undertaker, B. Hale

Place of Business, 411 Light St. *Address,* 108 S. Sharp St.

_____ *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 4...]

Board of Health, City of Baltimor

Permit No. 32161

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 18 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 18 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaiah Heath

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 2 *Months,* ~~—~~ *Days.*

Color, Colord

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Liver

Place of Death, {Give street and number} 216 Warren St

Cause of Death { First, (Primary,) Artificial Nursing — , Second, (Immediate,) Convulsions

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, May 18 "79 James Clements M. D.
Medical Attendant.

Undertaker, Hercules Roke

Place of Business, Conway St *Address,* Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John A. Coulson [CORONER.]

Permit No. 32162

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 18 1879 BALTIMORE

Date of Death, May 17th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosanna Ophelia Fuller

Sex Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} No 1 Krebs Court

Cause of Death, {First (Primary,) / Second (Immediate,)} Anasarca

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cemetery

Date of Burial, May 18th 79

J. G. Worrall M. D.
Medical Attendant.

{*Undertaker,* B. Earle
Place of Business, 411 Light Street. *Address* 203 Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 18 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 17th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Bennett

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number} 126 Lee St.

Cause of Death { First, (Primary,) ; Second, (Immediate,) } Chronic Scirrhus Cancer of Breast

Duration of last Sickness, under Treatment about 15 months.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Hill Cemetery

Date of Burial, May 19th 1879

Undertaker, Peter F Byrne

Place of Business, 69 N Liberty

P. J. H. Tate M. D.
Medical Attendant.

Address, 152 Shapley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 32164

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART MAY 18 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. T. Reamer

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 106 S. Caroline

Cause of Death {First, (Primary,) Paludinis

Second, (Immediate,) Cerebritis

Duration of last Sickness, 2 + Months

All the above information should be furnished by the Physician.

Place of Burial, M. E. Church Cemetery

Date of Burial, May 19th 1879

Undertaker, H. H. Gibson

Place of Business, 141 Canton Ave.

P. A. Leidy, M. D.
Medical Attendant.

Address, 82 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 2165

OFFICE OF REGISTRAR OF VITAL STATISTICS.

DEPARTMENT OF HEALTH MAY BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Lanstine

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 304 Eastern Avenue,

Cause of Death, First, (Primary,)

Second, (Immediate,) Dropsy

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetary

Date of Burial, May 19

Undertaker, H. Sonda

Place of Business, Central 52

Nicholas L. Dashiell M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 32766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace G. Stone

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 308 N. Eutaw st

Cause of Death, First (Primary,) Gastritis

Second (Immediate,)

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, May 19th 1879

Undertaker, Wm T Scriven

Place of Business, 2718 Eutaw st

D. C. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 32167

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Jos L. & Mary E. Timms

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, — *Years,* — *Months,* 8 hours ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 8 hours

Place of Death, {Give street and number.} 9 Russell St.

Cause of Death, First (Primary,) Premature birth

Second (Immediate,) Debility. (Bleu)

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

now dosing of the funeral rate —

R. C. Lee M.D.
Medical Attendant.

Place of Burial, London Park

Date of Burial, May 18th 1879

Undertaker, John L Hacker

Place of Business, 150 Camden st

Address, Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 32168

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Sisler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Boston Mass

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and number.} 43 N. Mount St

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 19th 1879

Undertaker, J. B. Cook

Place of Business, No. 707 W. Baltimore Street

Address 38 & Mount St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 19 1879

CERTIFICATE OF DEATH.

Date of Death, May 18 [illegible], 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah [illegible] Holmes

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, 18 Months, ... Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 196 Hanford Ave

Cause of Death { First, (Primary,) ..... Diphtheria
Second, (Immediate,) ..... 3 days.

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, May 19th 1879

Undertaker, Georg Schilling

Place of Business, Asquith & Monroe St

Wm Whitridge M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Wentz

Sex, Male or Female, {cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number} 178 N Eutaw

Cause of Death, First, (Primary.) Destitute

Second, (Immediate,) Apoplexy

Duration of last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 20th

Undertaker, Henry Boile

Place of Business, Marietta 81 83

Thos. Condon M. D.
Medical Attendant.

Address, 146 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 32171

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Cathen Parker.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F

Age, 31 *Years,* 4. *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Harford Co. Md.

Duration of Residence in the City of Baltimore, 15 years.

Place of Death, {Give street and number.} Corner Broadway & Chase St.

Cause of Death, First (Primary,) Cancer of Uterus.
Second (Immediate,) Exhaustion.

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 19 1879

Undertaker, Adam Fink

Place of Business, —

L. C. Gordon, M. D.
Medical Attendant.

Address 311 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE MAY 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Lawrence

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 44 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No 181 Jefferson st

Cause of Death {First, (Primary,) Chronic Diarrhea of two years

Second, (Immediate,) .....

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 19th 1879

Undertaker, H Hughes & Co

Place of Business, 65 S Broadway

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* it, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18 - 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gracie S. Tittle

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 8 *Years,* 1 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 35 - Lexington st

Cause of Death {First, (Primary,) Cerebro - Spinal Meningitis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co Md.

Date of Burial, May 20th 1879

Undertaker, W. E. Bowerk

Place of Business, 34 Penna Ave

H. P. Lear M. D.
Medical Attendant.

Address, Roy & Redmonds Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Hanover 1408

Permit No. 32174

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th May

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Baldwin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F

Age, Two *Years,* Eleven *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N.E. Cor. Madison Av. & Mosher St.

Cause of Death, {First (Primary,) Gastric Fever.
Second (Immediate,) Perforating ulcer of Stomach.

Duration of Last Sickness, Ten weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. *Date of Burial,* May 20th 1879

Wm. A. T. Bell *M. D.*
Medical Attendant.

Undertaker, Thos. D. Hughes *Address* 306 Madison Avenue

Place of Business, 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

P.M. 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernst Howe

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 57 *Years,* 3 *Months,* 3 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Salesman Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number} 7 1/2 E Pleasant.

Cause of Death, First, (Primary,) Emphysema

Second, (Immediate,) Chronic Bronchial Catarrh, Enlargement of Heart

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Grineely Lutheran Cemetery Frankford Road

Date of Burial, May 20th

Adam P. Arnold M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland & Lyman

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED MAY 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th mo 18th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emiline Seipp.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Liquor-Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 46 years.

Place of Death, {Give street and number} 175 S. Chapel St

Cause of Death, First, (Primary.) Melancholia

Second, (Immediate,) Paralysis

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 21st

W. Riley M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland Square *Address,* 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Short

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, 68 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Clergyman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Entire Life

Place of Death, {Give street and number} 106 Russell St.

Cause of Death { First, (Primary,) Senile Gangrene, Second, (Immediate,) Asthenia

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, New Sharp St. Cemetery

Date of Burial, May 19th "

Undertaker, A. Wayman

Place of Business, 18. Saratoga St. *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32178

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Nyfall

Sex, Male or Female, {cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} [illegible]

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, {Give street and number} 54 Pa. [illegible]

Cause of Death, First, (Primary.)

Second, (Immediate.) Abscess [illegible]

Duration of last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, 5th St Paul Cem'y

Date of Burial, May 19th

Undertaker, H. Frechlich

Place of Business, 246 Fulton Av

[illegible] *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Lobb M.D.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 53 *Years,* 4 *Months,* 9 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Physician

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number} 63 Lancaster St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,) two weeks.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cem'y

Date of Burial, May 20th

Undertaker, H. Fockler

Place of Business, 246 Eastern Av

_____ *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 32180

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. 1879 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Louisa Pollack

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 4 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 24 Sarah Ann St. Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} No 24 Sarah Ann St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 19th 1879.

Undertaker, Adam Heidemeyer

Place of Business, 518 W. Baltimore Str.

S. R. Uhler, M. D.
Medical Attendant.

Address 234. W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 32181

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAY 9 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Tolbert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 65 *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Wood Sawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, about 15 Years

Place of Death, {Give street and number.} 91 Sterling Street

Cause of Death, {First (Primary.) Chronic Albuminuria / Second (Immediate,)}

Duration of Last Sickness, about 3 Months

All the above information should be furnished by the Physician.

Place of Burial, New Auburn

Date of Burial, May 10. 1879

Undertaker, Chas Lobise

Place of Business, 35 Granby St

J. D. Whiteford M. D.

Medical Attendant.

Address 195 Fairmount St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the disease and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32182

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Mitchell

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* 14 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth,)} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 146 Henrietta St.

Cause of Death, First, (Primary.) Heart disease

Second, (Immediate,) Dropsy

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shark St

Date of Burial, May 20

Undertaker, Hercules Boss

Place of Business, 95 Conway St

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore, 29

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1879 BALTIMORE

Permit No. 32183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 19 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Saturday May 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adeline Brown

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number} 267 Raborg St.

Cause of Death First, (Primary.) Phthisis

Second, (Immediate,) Pulmonary Hemorrhage

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 20th 1879

Undertaker, Wm. N. Duggan

Place of Business, No 11 Stockton Alley

J Dunnock Norris M. D.
Medical Attendant.

Address, 552 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Stinner

~~Sex,~~ *Male or ~~Female~~,* {Cross out the words not required in this line.}

Age, 5-6 *Years,* *Months,* *Days*

Color, ~~Parents Europ~~ White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tavern Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, About 3 5 years

Place of Death, {Give street and number.} 5 5 Mulberry St

Cause of Death, {First (Primary,) Causes of Bronchitis / Second (Immediate,) Exhaustion Hemorrhage}

Duration of Last Sickness, About 3 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 21st 1879

Chas A Donovan M.D.
Medical Attendant.

Undertaker, P. Kennedy

Place of Business, Mulberry St

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David McLean

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimo

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 153. W. Madison St

Cause of Death First, (Primary,)

Second, (Immediate,) Spasms

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 19th 1879

Undertaker, John L. Andrew

Place of Business, 414 & 6 Druid Hill Ave

Jas. A. Steen M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAY 21 1879 BALTIMORE

Permit No. 32186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Hood {Joshua Hood (Parent)

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, ~~*Years,*~~ 4 Hours, ~~*Months,*~~ ~~*Days*~~

Color,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 125 Hoffman St.

Cause of Death, {First (Primary,) Premature Birth, at the

Second (Immediate,) 7th Month,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Private grave yard Baltimore county

Date of Burial, May 20th 1879

{*Undertaker,* J. B. Lech

Place of Business, No 702 W Baltimore Street

Wm. A. Perry M.D.

" " "

Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 32187

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mollie I. Dorsey

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 226 Saratoga St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, May 20th 1879

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St

H. Clinton Aldershon M. D.
Medical Attendant.

Address 189 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of

Permit No. 32188

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ... 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles C. Coleman

Sex, Male or Female, {cross out the word not required in this line.} ...

Age, 43 *Years,* 8 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation, Artist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Detroit City Mich

Duration of Residence in the City of Baltimore, 36 yrs

Place of Death, {Give street and number} 782 W Pratt st

Cause of Death { First, (Primary,) ... Second, (Immediate,) Suicide. by Poison.

Duration of last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, May 21st 1879.

Geo G Ogle Corner ... *M. D.*
Medical Attendant.

Undertaker, J B Cook

Place of Business, 207 W Balt st. *Address,* ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

Permit No. 32189

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Roberta R. Tubbs

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 3 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No. 11 Jew's al.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions.

Duration of Last Sickness, one month.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 20 1879

Albert Stephens M. D.
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 198 Howard Ave Address 427 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

Board of Health, City of Baltimore.

Permit No. 32190

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Schoeffer

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 27 *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, [redacted]

Place of Death, {Give street and number} 38 Marion St

Cause of Death First, (Primary,) Laryngeal Croup

Second, (Immediate,) Laryngeal Croup

Duration of last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, May 20

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 175 Saratoga St.

W. P. Morgan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Cooney

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 26 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Driver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number} 162 S. Central Avenue

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) One year

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters' Cemetery

Date of Burial, May 20. 1879

John L. Lynch M. D.
Medical Attendant.

Undertaker, M. A. Daizer

Place of Business, 74 S. Broadway. *Address,* 74 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgianna Cephus

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, about 24 *Years,* —— *Months,* —— *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balle City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} # 2. Haymonds Alley

Cause of Death { First, (Primary,) Asthma / Second, (Immediate,) Consumption

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 21 "1879 James A Steuart M. D.

Undertaker, Chas A. Wilds

Place of Business, Granby St *Address,* Commissioners Steam Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam'd by Geo E. Taylor

Board of Health, City of Baltimore,

Permit No: 32193

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Weishe

Sex, Male or Female, {cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} No 40 Bow Str.

Cause of Death, First, (Primary,) Alcoholism

Second, (Immediate,) Congestion of the Brain

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, May 29th 79 E. Jones Williams M. D.

Medical Attendant.

Undertaker, M. France

Place of Business, 280 Canton Ave *Address,* 47 Patapsco St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Haas

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 33 *Years,* *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Trumbach? Baden Germany & 28 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 62 Johnson St.

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Pulmonalis

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Johnsus Cemetery

Date of Burial, May 21 1878

Undertaker, Geo Shilling

Place of Business, Carquith *Address,* 108 E. Lexington St.

M. D.
Medical Attendant.

DR. J. H. SMITH MAY 20 1878 BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32195

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. H. Butterbaugh

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 hours ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 19 Federal St

Cause of Death {First, (Primary,) Second, (Immediate,)} Premature Birth (7 mos.

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, May 20th 1879

Undertaker, G. F. Scriven

Place of Business, 271 N. Eutaw

James A. Steuart M. D.

Address, Commissioners of Health & Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. MAY 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Shaefer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 7 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 54 Somerset St.

Cause of Death { First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, May 22, 1879 H. Brauns Hundt M. D.
Medical Attendant.

Undertaker, Henry Koch

Place of Business, 389 Central Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 20 1879 BALTIMORE

Date of Death, May 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susana Della

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number} 24 Lombard

Cause of Death {First, (Primary,)} Cancer of Esophagus Diarrhea

{Second, (Immediate,)} Exhaustion

Duration of last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, May 20 79

R. H. T. Ellis *M. D.*
Medical Attendant.

{*Undertaker,* Trusty & Grey

{*Place of Business,* 1126 Light *Address,* 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Hickey.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3. *Years,* 4 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, 8 mos.

Place of Death, {Give street and number} 483 N. Stricker st

Cause of Death, First, (Primary,) Whooping Cough

Second, (Immediate,) Enteric Fever

Duration of last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Washington D C Baltimore & O Railroad

Date of Burial, May 21 st 1879

Undertaker, J. B. Cook

Place of Business, No 707 W Baltimore street

G. W. Innis M. D.
Medical Attendant.

Address, Cor Stricker & Pennsylvania

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1409

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Schmitmann

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 1 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} No 75 Oxford St.

Cause of Death {First, (Primary,) Diphtheritic Croup.
Second, (Immediate,) heart clot.

Duration of last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 21st 1879

Undertaker, Andrew Feil

Place of Business, 118 Druid Hill Ave. Address No 89 N. Greene St.

J. G. Keller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

PEABODY MAY 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Jones

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Twenty three *Years,* — *Months,* — *Days.*

Color, Blk

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, 3 weeks —

Place of Death, {Give street and number} 218 South Caroline St.

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) Brain. —

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, May 20th 1879

Undertaker, P. Mullin

Place of Business, Cambridge St

H. C. Boland M. D.
Medical Attendant.

Coroner E. D.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32201

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday Morning May 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Child Mascheck

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ~~Years~~, ~~Months~~, 12 hours Days

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore St South of Wilkens St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 32 Lamon St - South Wilkens St

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, May 20th '79

Medical Attendant. M. D.

Undertaker, C. W. Frame

Place of Business, 250 Canton Ave

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE NOV 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th of May 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Philip Bachland

Sex, Male or Female, { Cross out the word not required in this line. } a

Age, 56 *Years,* 5 *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, Sign Painter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Saxon Coburg (Germany)

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number. } 1 Wilmer Alley

Cause of Death, { First (Primary,) Apoplexia / Second (Immediate,) (Extravasat) } A Bones

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County / R. Heldmann M. D.

Date of Burial, 21 of May Medical Attendant.

Undertaker, Thomas Henschel *Address* 120 East

Place of Business, 1 Wilmer Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Herbert Elliott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Four *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore Md,

Duration of Residence in the City of Baltimore, One year three months & Fifteen

Place of Death, {Give street and number.} No 252 N. Gilmon st. Baltimore Md,

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Diarrhoea & Prostration of System

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Mt Hebron

Date of Burial, May 22

J. M. Johnson M. D.
Medical Attendant.

Undertaker, C. M. Blizzard *Address* No 379

Place of Business, 201 Ren N. Gilmon st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Francis 1410

Permit No. 32204

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. MAY 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Blackiston,

Sex, ~~Male~~ Female, {Cross out the words not required in this line.}

Age, 99 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Leonard town St Mary's Co Md.

Duration of Residence in the City of Baltimore, Thirty two years.

Place of Death, {Give street and number.} No 95 Dover Street.

Cause of Death, First (Primary,) Old age.

Second (Immediate,) Inanition.

Duration of Last Sickness, Four months. in bed

All the above information should be furnished by the Physician.

Place of Burial, Bonna Baac

Date of Burial, May 21 1879

Undertaker, John C Jordan

Place of Business, 63 Park Ave

I W Thayer M.D.
Medical Attendant.

Address, No 16 th Light St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY

CERTIFICATE OF DEATH.

Date of Death, May 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Lecke.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 69 *Years,* 8 *Months,* ____ *Days.*

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Chester County, Pennsylvania

Duration of Residence in the City of Baltimore, Thirteen years.

Place of Death, {Give street and number} 237 Bank St.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Paralysis

Duration of last Sickness, Eleven Months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, May 21, 1879 Nicholas L. Dashiell M. D.
Medical Attendant.

Undertaker, Geo. Sexton

Place of Business, 224 & 252 Canton *Address,* 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32206

MAY 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace C. Tabbs

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 11 *Months,* 7 *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widowed or Widower*~~, {Cross out the words not required in this line.}

Occupation, City Missionary

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 329 St. Hoffman St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) "

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, May 22 1879

Undertaker, S Wilkerson

Place of Business, 198 S Howard St.

Eldridge C. Pace M. D
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32207

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH MAY 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Pratt

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, ... *Years,* Four *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 319. Green Mount ave

Cause of Death, First (Primary,) Bronchitis.

Second (Immediate,) Convulsions.

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, May 21st 1879

Undertaker, Chas J. Scriven

Place of Business, 271 N. Eutaw st

A. C. Fox M.D.
Medical Attendant.

Address, Fayette & Schroeder Sts.

N W Cor.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No 32408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT MAY 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John C. Paddin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* 7 *Months,* 10 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Conductor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frederick Co. Md

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} Baltimore Dispensary — 222

Cause of Death, First (Primary,) Dropsy

Second (Immediate,) 12 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 21 1879

Undertaker, J. B. Blackistone & Son

Place of Business, 606 Balt st

H. Warner M. D.
Medical Attendant.

Address 62 N. Green st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32209

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 21 1919 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Fumbler

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the word not required in this line.}

Occupation, Iron Brazier

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 yrs.

Place of Death, {Give street and number} 27 S. Washington av

Cause of Death, First, (Primary,) Chronic Bronchitis,

Second, (Immediate,)

Duration of last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cem

Date of Burial, 21st May

Undertaker, F. L. Brown

Place of Business, 219 S. Eutaw St

John F. Lemmon M. D.
Medical Attendant.

Address, 604 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Jones

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 81 E. Lafayette

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 21st

Undertaker, Fryer Bro

Place of Business, Broadway & Fayette

H. H. Kane M. D.
Medical Attendant.

Address, Balt. & Bank. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

... of Death, May 20th 1879

... Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Wilson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Twenty ~~six~~ *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} Washington Road near St. Denis

Cause of Death {First, (Primary,) Debility, result of age

{Second, (Immediate,) and Consumption

Duration of last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 21st 1879

Undertaker, John L. Thacher

Place of Business, No 150 Camden

Chas. H. Wells M. D.
Medical Attendant.

Address, 316 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-...n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 32212

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Russell Cutter

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 weeks *Years,* *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} U & C Hospital

Cause of Death, First, (Primary,) Mal Nutrition

Second, (Immediate,) Cachexia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 21

Undertaker, G. H. Blizard

Place of Business, 201 Pratt *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 32213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Reynolds

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 1 Yr

Place of Death, {Give street and number} M. & C. Hospital

Cause of Death, First, (Primary,) Brain Trouble

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 21

Undertaker, E. H. Blizzard

Place of Business, 29 West

I. A. Cashell, M. D.
Medical Attendant.

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his of her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20th May 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Fahr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 2 *Months,* 0 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 243 Franklin St.

Cause of Death, {First (Primary,) Acute croup

Second (Immediate,)

Duration of Last Sickness, 24 hours (12 hours under treatment)

All the above information should be furnished by the Physician.

Place of Burial, Lutheran.

Date of Burial, 22d May.

{*Undertaker,* C. B. Cook

Place of Business, 707 W. Baltimore st.

H. Feldmann M. D.
Medical Attendant.

Address 120 Pearl st. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 32215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Smith

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Two *Years,* *Months,* *Days.*

Color, African

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 36 State St + Balto

Cause of Death, {First (Primary,) Phthisis Pul, Second (Immediate,)}

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 21 1879

Undertaker, R W Chase

Place of Business, 80 198 Howard

T. E. Thomas *M. D.*
Medical Attendant.

Address 62 N. Green Ex Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

32204

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edna Hamelton Loane

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* 3 *Months,* 1 *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 3-68 W Balt-St-

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 71 Frederick Ave

Cause of Death, {First (Primary,) Inflamatory Rheumatism
Second (Immediate,) Hypertrophy of Heart-

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery J W Correll M. D.
Medical Attendant.

Date of Burial, May 22 th 1879

{*Undertaker,* Jos F. Loane *Address* 498 W Fayette St-
Place of Business, Fremont & Balto sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Stockells

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 23 Years, 1 Months, 14 Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Coal Dealer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} A Stco Md

Duration of Residence in the City of Baltimore, About Fifty years

Place of Death, {Give street and number} 112 Place st

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Organic Disease of Heart

Duration of last Sickness, 16 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, May 23d 1879

Undertaker, Wm Hencher

Place of Business, Park & Fayette sts

J. Hinney M. D.
Medical Attendant.

Address, 76 Place st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22, 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Kinchur

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 6 *Years,* *Months,* 2 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} East.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 79 Arlington av

Cause of Death { First, (Primary,) Scarletina simplex
Second, (Immediate,) Diftheria

Duration of last Sickness, four Days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem't

Date of Burial, May 23 1879

Undertaker, Peter Kummert

Place of Business, 317 Mulberry st *Address,* 226 Mulberry St.

Louis Chs Coen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART MAY 22 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Sander

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, about 64 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 27 years

Place of Death, {Give street and number} 17 Stockholm st

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, About 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Aliquippa Cem'y

Date of Burial, May 23d

Undertaker, P. B. Harle

Place of Business, 711 Light St.

H Darling M. D.
Medical Attendant.

Address, 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Hancock

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1. *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 136 Bateny Avenue

Cause of Death, First, (Primary.) Tuberculas Meningitis

Second, (Immediate,)

Duration of last Sickness, 15 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery.

Date of Burial, May 22nd

Undertaker, B. Harley

Place of Business, 411 Light St.

P. Sudore Lee M. D.
Medical Attendant.

Address, 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32221

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday May 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schriefer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 58 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany Eight (8) Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 175 Harford Avenue

Cause of Death { First, (Primary.) Cancer of the Peritoneum
Second, (Immediate.) Marasmus.

Duration of last Sickness, Five (5) Months

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas A

Date of Burial, May 23d 1879

Undertaker, H. Mock

Place of Business, 309 N. Central Ave *Address,* S.E. Cor Eager & Carlin's Str

S. W. Selman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barney Kutcher

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, About 64 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 898 W Baltimore St

Cause of Death First, (Primary.) Chronic diarhoea

Second, (Immediate,) Exhaustion

Duration of last Sickness, Four months - Had not been seen by me for six weeks, he having discharged me & attending Physician. Nursing medicine

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, May 22 1879

Undertaker, C B Coates

Place of Business, 1707 W Baltimore Street

W McSherry M. D.
Medical Attendant.

Address, 1 W Lafayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary M. Barth

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City.

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give street and number.} 1447 Lexington St.

Cause of Death, First (Primary,)

Second (Immediate,) Dysentery.

Duration of Last Sickness, 19 days -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, May 23rd 1879

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore street

J. G. Blackwell M. D.

Medical Attendant

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 25 1879

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas P. Phillips

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 44 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) ..... }

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Shorsh. St Cemetery

Date of Burial, May 22d 1879

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albertus Barker Nelson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, attorney at Law

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 47 Monument 14

Cause of Death, {First, (Primary,) —
Second, (Immediate,) Pneumonia

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 23 d | J. H. Latrum *M. D.*
Medical Attendant.

Undertaker, H. C. Middefeld

Place of Business, 90 Gruman at *Address,* 23 Franklin "

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

KODAK SAFETY

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Masterson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy Five *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Co Cavan, Ireland

Duration of Residence in the City of Baltimore, 55 Years.

Place of Death, {Give street and number.} 241 E. Chase st,

Cause of Death, First (Primary,) General debility

Second (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery Henry P. P. Yeates M. D.

Medical Attendant.

Date of Burial, May 23rd

Undertaker, Geo Schilling

Place of Business, Ashland Square Address 133 N. Eutaw st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 32227

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 21 1879 BALTIMORE

Date of Death, May 21st.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia Tolson.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 60. *Years,* *Months,* *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Washing

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Charles Co. Md

Duration of Residence in the City of Baltimore, 4 years.

Place of Death, {Give street and number.} Smiths court.

Cause of Death, {First (Primary,) Paralysis. Second (Immediate,)

Duration of Last Sickness, 4 months.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, May 22nd 1879

Undertaker, Herbert J. Locke

Place of Business, 73 Jefferson st

John A. Connell M.D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 32228

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 23 1893 BALTIMORE

Date of Death, May 20th 1893.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abraham Johnston

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Harness Dealer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 215 Lombard St.

Cause of Death, First (Primary,) Phthisis.

Second (Immediate,) Asthenia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial New Cathedral Cem Hart, Smith M. D.

Date of Burial, May 23d

Medical Attendant.

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Smith

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 221 Lemmay

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate,) Paralysis

Duration of last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 25th 1879

Undertaker, Wm S Thacker

Place of Business, No 15 Lanvale St

J N Cumming M. D.
Medical Attendant.

Address, 762 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

3226

Board of Health, City of Baltimore,

Permit No. 32230

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPAR
MAY
23
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Kuston

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 27 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 296 Hanover St

Cause of Death, First, (Primary,) Disease of the Heart

Second, (Immediate,)

Duration of last Sickness, Three months

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 25th 1879

Adam Reuck M. D.
Medical Attendant.

Undertaker, Ph. Seeurd

Place of Business, No 35 S Eutaw St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[ov.]

Board of Health, City of Baltimore,

Permit No. 32231

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Kirby

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 254 N Central ave

Cause of Death { First, (Primary,) Sculatina anginosa
Second, (Immediate,) Convulsions

Duration of last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cem.

Date of Burial, May 23th 1879

F. A. Warner M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* 256 N Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 22232

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

U. DEPAR... 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Klugethe

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ or Female

Age, 12 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~, ~~Widow~~ or ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 15 Byrd St

Cause of Death, {First (Primary,) Addisons Disease / Second (Immediate,)}

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery, C. / Baltimore

Date of Burial, May 23 1879

Undertaker, Charles F. Herold

Place of Business, 151 Hanover

Address 151 Hanover St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82233

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A. Schmidt

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* 3 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 3 Mos & 23 days

Place of Death, {Give street and number} 70 Beason St

Cause of Death { First, (Primary,) Spasms
Second, (Immediate,) Heart

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Lowndes

Date of Burial, May 23d 1879

Undertaker, Upshur Sanders

Place of Business, 253 Eastern Ave

R. C. Lee M. D.
Medical Attendant.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 32234

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhard Werner

Sex, Male or ~~Female~~, {cross out the word not required in this line.} male

Age, 58 *Years,* 1 *Months,* 11 *Days.*

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} married

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number} 250 Hanover St

Cause of Death, First, (Primary,) Phtisis pulmonis

Second, (Immediate,) Hydrops

Duration of last Sickness, four months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, May 24th

Undertaker, Briel

Place of Business, Hennette St 81

Chas. F. Heuser M. D.
Medical Attendant.

Address, 68 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Hoffman

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 6 *Years,* *Months,* 19 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 111 Jefferson St

Cause of Death, {First (Primary,) Gastro-enteritis

Second (Immediate,) 6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com.

Date of Burial, May 24th 1879

{*Undertaker,* George Shilling

Place of Business, corner Monument & Asgaith St.

Thos L Latimer *M. D.*
Medical Attendant.

Address, 187 N. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 32236

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Conery

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Coal Trimmer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland -

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, {Give street and number.} № 120. Wanbrook ch. Locust Point

Cause of Death, First (Primary,)

Second (Immediate,) Alcoholism

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, May 23. 1879

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway.

W. S. Clarke M.D.

Medical Attendant.

Address, 235. Gough St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 32237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Geis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color,

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 202 George St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) Do not Know

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 23d

Undertaker, Peter Rummert

Place of Business, 317 Cherry

J. W. C. Cudd, *M. D.*
Medical Attendant.

Address 363 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 35238

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Trainer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 1 *Days.*

Color, White,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 45 York St.

Cause of Death {First, (Primary,) Scarlatina Anginosa,
Second, (Immediate,) Apnoea.

Duration of last Sickness, 7 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, May 24th 1879

Undertaker, C. H. Krause

Place of Business, Hanover St. *Address,* 41 Hanover St.

J. W. Kraus M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ... May 21 1874 .....

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel Nicholas Leary

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 20 *Years,* 11 *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 23 1874

Undertaker, James P Byrne

Place of Business, No 63 N Front St

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M, J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 32240

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21st May. 1879. 6 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabetta Kraus,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 years. *Years,* *Months,* *Days.*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany.

Duration of Residence in the City of Baltimore, Nineteen Years.

Place of Death, {Give street and number.} No 46 S. Wolfe St.

Cause of Death, First (Primary,) Tuberculosis.

Second (Immediate,) Pulmonary Phthisis.

Duration of Last Sickness, Eighteen Months.

All the above information should be furnished by the Physician.

Place of Burial, N. Athanasius Cem.

Date of Burial, May 24th 79

Wm Cranch Bibbins M.D.
Medical Attendant.

Undertaker, Mr. France

Place of Business, 220 Canton ave

Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 32124

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 23d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Parks

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} Union Protestant Infirmary

Cause of Death, First (Primary,) Acute Gastritis

Second (Immediate,) Chronic Gastritis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 24 1879

Undertaker, Crudon & Sons

Place of Business, 113 Second St

Chas Fawcett M. D.
Medical Attendant.

Address 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

32230

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1879 6 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Thomas Johnson

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* 9 *Days.*

Color, Brown - Skin

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} North St near Both St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 44 Chestnut St

Cause of Death, First, (Primary.) Bronchitis Capo —

Second, (Immediate,) Atonia

Duration of last Sickness, Six (6) days

All the above information should be furnished by the Physician.

Place of Burial, Laurel, Cemmetery

Date of Burial, May 24th 1879

Undertaker, Abraham Hayman

Place of Business, 13 Saratoga St

N. G. Pinkett M. D.
Medical Attendant.

Address, Balt & Special Disp —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32243,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester A. King

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 24 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 301 S. Stricker st

Cause of Death, First (Primary,) Consumption

Second (Immediate,) About Six months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 25/79

Undertaker, Hughes & Co

Place of Business, 55 & 57 W Fayette St

John Hood M.D.
Medical Attendant.

Address, 2 N. Carey st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23rd - 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Peirce Fahnestock

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 12 *Days.*

Color, White

~~Married~~, *Single,* ~~Widowed or Widower~~ {Cross out the word not required in this line.}

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} N Carey Street

Cause of Death {First, (Primary,) Tuberculosis of the mesenteric Glands

Second, (Immediate,)

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery } for Dr Sholwell Townsend M.D.

Date of Burial, May 26/79 } for Thomas Shearer *M. D.*

Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St *Address,* 97 W. Charles Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st 1879 Mary Bradley

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rozelle Mary Bradley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* 19 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 8 Wilcox St

Cause of Death, First (Primary,) Infantile Remittent Fever

Second (Immediate,)

Duration of Last Sickness, 2 Month

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 23 May 2 Oclock

Undertaker, George C Rodenmayer

Place of Business, 38 Eason *Address* 31 N. Bond St

Wm. H. Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Armenia Burch

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} f

Age, 22 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number} 55 Woodward St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Acute Pulmonary Tuberculosis

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Loma Bau Cemetery

Date of Burial, May 25th 1879

J H Cuney M. D.
Medical Attendant.

Undertaker, John S Meacher

Place of Business, Park & Fayette Sts

Address, 76 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 24 1879 BALTIMORE

Date of Death, May 25 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amelia Smith

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 1 *Years,* 6 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Penna Ave

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 502 Penna Ave

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, May 25th 1879

Undertaker, Walter Emanuel

Place of Business, 252 W. Biddle

Henry Hunt M. D.
Medical Attendant.

Address, 1 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Godfrid Kriesel

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 46 *Years,* ~~46~~ *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Storekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ~~No 271~~ N. Gay 15 years

Place of Death, {Give street and number} No 271 N. Gay St.

Cause of Death { First, (Primary,) — Phthisis
Second, (Immediate,) — Fourteen months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 25th of May

Undertaker, Adam Fund

Place of Business, 461 N. Gay St *Address,*

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James L. Brown

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 24 *Years,* *Months,* *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} 711 W Fayette

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 25

Undertaker, P B Cook

Place of Business, 107 W Fayette St Baltimore *Address*

Richard Lusher M. D.
Medical Attendant.

189 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH MAY 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Jefferson Hardy

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 17 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Errand Boy

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 40 Rasin St

Cause of Death, First, (Primary,) Endocarditis

Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 25

Undertaker, J W Cook

Place of Business, 707 W Pratt Baltimore

I. Shelton Hill, M. D.
Medical Attendant.

Address, 432 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 02257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Getty Tudor

~~Sex, Male or Female,~~ {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months* ..... *Days.*

Color, White *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 184 Harlem ave

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 184 Harlem ave

Cause of Death, First (Primary,) Want of development 8 month child

Second (Immediate,) Debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 25th 1879

J. R. Uhler M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, Fayette St *Address* 234 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Coons

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 47 Years, Months, Days

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Convict

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dont Know

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, C P Cemetery

Date of Burial, May 23

Undertaker, Patrick Mullin

Place of Business,

Jno. Brooke Boyle M.D.
Medical Attendant.

Address, Mch & Eager sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 52

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22" 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mon

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, Wshortly afte *Years,* birth *Months,* *Days.*

Color, light mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Boy

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number} Found Corner Chase & Washington

Cause of Death, First, (Primary,) Strangulation (Jury Verdict)

Second, (Immediate,) Cardiac Asphyxia

Duration of last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial, May 22

Undertaker, Patrick Mahlan

Place of Business,

Edwd J R Walker M. D.
Medical Attendant.

Address, Corner M P L

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Howard

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* Eight *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country. (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 29 Aminor st,

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Convulsions, Cause not known

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, May 23 1879

Undertaker, Fred A. Kercher

Place of Business, 50 S Carrollton Ave *Address,* .....

Geo C Gyle Corner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82255

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann & John Wilson (Parents)

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 12 Twelve

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} at Pleasant alley

Cause of Death First, (Primary,)

Second, (Immediate,) Unknown

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 24th 1879

James A Clemens M. D.
~~Medical Attendant~~

Undertaker, H. M. Gibney

Place of Business, 341 Lauden Av *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sopha Hirsberg

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Md

Duration of Residence in the City of Baltimore, Do not Know

Place of Death, {Give street and number.} Lombard St near Howard

Cause of Death, First (Primary,) ——

Second (Immediate,) Congestion Brain

Duration of Last Sickness, Do not Know

All the above information should be furnished by the Physician.

Place of Burial, Edmondson Burial Ground J. T. Wilkinson *M. D.*

Date of Burial, May 25th 79 Medical Attendant.

Undertaker, Charles Hollander & Son *Address* 169 W Lombard St

Place of Business, 22 N. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 32257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Schum

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 54 *Years,* [blank] *Months,* [blank] *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, [blank]

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number} 86 E. Chapel

Cause of Death, First, (Primary,) Gastro enteritis

Second, (Immediate,) [blank]

Duration of last Sickness, 15 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cem.

Date of Burial, May 26th 1879

Undertaker, A Kibler's Son

Place of Business, 144 E Lombard st

P. G. Daniel M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32258

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George & Mary Bennett.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 Days.

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 244 N. Chapel St. near Chase (between Eager & Chase Sts)

Cause of Death, First (Primary,) .....

Second (Immediate,) Spina Bifida.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, May 24th 1879

Undertaker, Pat Mullin

Place of Business, Combridge St

Address 311 N. Broadway

L. C. Gordon, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 32[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24 1874

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A Jennings

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, No

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} N Orleans

Duration of Residence in the City of Baltimore, 11 yrs

Place of Death, {Give street and number} No 86 Courtlandt

Cause of Death, First, (Primary,)

Second, (Immediate,) Suppressed Erysipelas

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 25 th

J H Patterson *M. D.*
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount *Address,* 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Ford

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number} No 22 Jew alley

Cause of Death { First, (Primary,) Tubercular Consumption

Second, (Immediate,)

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, May 25 1879

Undertaker, William Lange

Place of Business, No 6 East Street

H. E. Russell M. D.
Medical Attendant.

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Shepherd

Rabbit st.

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 338 Rabbit st.

Cause of Death, First (Primary,) caused by a piece of

Second (Immediate,) heavy apple pie, eaten a few hours before death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lemil Cemetery

Date of Burial, May 24th 1879

Undertaker, Wilhelm Bruce

Place of Business, No 62 East Street

John Hoil M.D.

Medical Attendant.

Address, 2 N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1902

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Roetmer

Sex, ~~*Male or Female,*~~ {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

~~*Married,*~~ *Single,* *Widow or Widower,* {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} East.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 170 Pierce

Cause of Death { First, (Primary,) Dentition
Second, (Immediate,) Meningitis (Spinal)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 25th

Louis C. Horn M. D.
Medical Attendant.

Undertaker, G. Heimbach

Place of Business, 3897 Bank St. *Address,* 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 32263

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Turner

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Oyster Shucker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queen Anne Co Md

Duration of Residence in the City of Baltimore, abt 30 yrs.

Place of Death, {Give street and number} 11 Temple St

Cause of Death {First, (Primary,) Consumption

, {Second, (Immediate,)

Duration of last Sickness, abt 9 mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, May 24th 79

{ Undertaker, Theodore J Pikes

{ Place of Business, 73 Jefferson St

Geo. E Kinnemon M. D.
Medical Attendant.

Address, 73 E Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl Giudini

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 42 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 8 yrs.

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Fracture of Skull
Second, (Immediate,) Apnoea

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, May 25 1879

Undertaker, Wm. H. Bartell

Place of Business, 627 W. Balt St. *Address,* City Hospital

Wm. R. Howard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

Permit No. 32265

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ellerson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 50 *Years,* *Months,* *Days.*

Color, Nearly white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 9 Josiah St.

Cause of Death, First (Primary,) Anemia of Stomach & Intestines

Second (Immediate,)

Duration of Last Sickness, 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 26 1879

Undertaker, John C Jordon

Place of Business, 63 Park Ave

Eugene F. Cordell M. D.
Medical Attendant.

Address 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32266

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Ruppel

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 33 *Years,* 8 *Months,* 6 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 51 North Gay

Cause of Death, First, (Primary,)

Second, (Immediate,) Tetanus Rheumatic

Duration of last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 26 1879

A Gregg Shertzer M. D.
Medical Attendant.

Undertaker, Henry Heath

Place of Business, 309 Central Ave *Address,* 11 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 32267

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24 / 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Son of P. Boyle

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } # 13 N. Gilmor St

Cause of Death { First, (Primary.) Inspiratory Convulsions

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 25 79

Undertaker, I. Y. Bd. Baltimore

Place of Business, Balto ~~St~~ *Address,* .....

A. G. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 32268

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 24 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles L Lawson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 10 *Years,* / *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 21 S Liberty

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,) acute Albuminuria —

Duration of last Sickness, 3 Weeks —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 26th '79

Undertaker, J. N. Miller

Place of Business, 86 N. Broadway

J. H. Kinney M. D.
Medical Attendant.

Address, 76 S Wood

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Rubrics Below

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Smith

~~Sex, Male or Female,~~ {Cross out the words not required in this line.}

Age, 6 *Years,* 7 *Months,* 4 *Days*

Color, White

~~Married~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 197 Eutaw St

Cause of Death, {First (Primary,) artificial food

{Second (Immediate,) Marasmus

Duration of Last Sickness, last month

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, May 26, 1879

Undertaker, Henry Hecht

Place of Business, 304 Central Ave

Chas O'Donovan M.D.
Medical Attendant

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgeanna Pellman

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, # 134 Lee St

Place of Death, {Give street and number} # 134 Lee St

Cause of Death, First, (Primary,)

Second, (Immediate,) Meningitis

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cem

Date of Burial, May 24

L. A. Bell M. D.
Medical Attendant.

Undertaker, Hercules 2033

Place of Business, 50 Monument St

Address, 134 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below. ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 75

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tom Lingly

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Peddler

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number} 231 Battery av.

Cause of Death { First, (Primary,) Cancer (Epithelioma) 4 yrs
Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem'y

Date of Burial, May 25th

Undertaker, B. Harle

Place of Business, 411 Light St.

F. M. Chaimbers M. D.
Medical Attendant.

Address, 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Brown

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* ..... *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 150 N. High St

Cause of Death, {First (Primary,) Convulsions / Second (Immediate,) Convulsions}

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetary

Date of Burial, 26 May 1879

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann

Saml J Beck M.D.
Medical Attendant.

Address, 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32273

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John. J. Preston

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 23 *Years,* — *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 115 Carlton Av

Cause of Death, First (Primary,) Phthisis Tuberculosa

Second (Immediate,)

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem Loretto

Date of Burial, May 26th 1879

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St

Address 543 Smyth Pl

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 23 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23rd 99

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Hammond

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Chestertown Md

Duration of Residence in the City of Baltimore, 17 yrs,

Place of Death, {Give street and number.} 8 E Lemmon St.

Cause of Death, First (Primary,) ——— Second (Immediate,) Consumption

Duration of Last Sickness, 6 wks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 25th 1899

Undertaker, Wm. J. Dungee

Place of Business, No 62 East, St.

Hill & Smith M. D.
Medical Attendant.

Address 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

Permit No. 32270

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Donahue

Sex, Male or Female, {cross out the word not required in this line.} M

Age, 37 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ____

Occupation, Saloon Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} (23 Years in United States) Ireland

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number} Co Monument & Front Sts

Cause of Death, First, (Primary.) Alcoholism

Second, (Immediate.) Pneumonia

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Govans Town Cemetery

Date of Burial, May 25 1879

Undertaker, James O Byrne

Place of Business, No 62 N Front St

Silas N Smith M. D.
Medical Attendant.

Address, 97 Government Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th May 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Ulrich

Sex, Male or Female, {cross out the word not required in this line.}

Age, 46 *Years,* 3 *Months,* ... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 15 Yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 146 Lemmon Street

Cause of Death, {First, (Primary.) Second, (Immediate.)} Abcess Right Loin Lumbar Region

Duration of last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sunday May 25 79

Undertaker, Kane & Zachel

Place of Business, 62 N. Gay St.

Augustus M. Dodge M. D.
Medical Attendant.

Address, 207 Hanover Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Child, Albert + William (Parents)

Sex, [redacted] *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 269 North Stricker St.

Cause of Death, First (Primary,) Imperfect Respiration

Second (Immediate,) Asphyxia.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 26 1879

J. Haney Hill M. D.
Medical Attendant.

Undertaker, John Feuchtl

Place of Business, 616 W. Baltimore *Address* 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32278.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwd Stone

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 55 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Miner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Pneumonia
, { Second, (Immediate,) Apnoea

Duration of last Sickness, 9 yrs

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 26 1879

Undertaker, Pat. Mullin

Place of Business, Lombridge St

David Streett M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Watson

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 4 2 *Years,* 8 *Months,* — *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Brick Moulder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 116 St Peter St

Cause of Death, {First (Primary,) Chronic Gastritis & Enteritis
Second (Immediate,) marasmus

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 26th 1879

Undertaker, John Thacher

Place of Business, 150 Camden

A Vol Coltrane M. D.
Medical Attendant.

Address 369 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th May 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arianna Bmldin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* —— *Months,* 14 *Days.*

Color, White ~~Sex,~~ Female

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation, ——

× *Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

× *Duration of Residence in the City of Baltimore,* all her life.

Place of Death, {Give street and number.} S.E. Corner Aisquith & Chew Sts.

Cause of Death, {First (Primary,) Chronic Disease of Heart. (Thrombosis)
Second (Immediate,)

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Glendy's Cemetery

Date of Burial, May 26th 1879

{*Undertaker,* John S. Weaver
Place of Business, # 22 W. Fayette St

H. W. Owings M. D.
Medical Attendant.

Address 274 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of [illegible] and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 26 1879 BALTIMORE

Date of Death, May 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rickels

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Three *Years,* *Months,* 4 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 702 S. Charles Street

Cause of Death {First, (Primary,) Cerebral Fever

Second, (Immediate,) Thirteen days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, May 26 79

Chas. H. Tiffe M. D.
Medical Attendant.

Undertaker, Gusby & Dewey

Place of Business, 162 Light St *Address,* 306 N. Gay Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dena K. Lindsey

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Ans *Years,* Five *Months,* Twenty three *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} No 280 S. Howard St

Cause of Death { First, (Primary,) Tubercular Phthisis
, { Second, (Immediate,) Paralysis and convulsions

Duration of last Sickness, Six weeks

All the above Information should be furnished by the Physician.

Place of Burial, Sharp st ground

Date of Burial, May 26th 1879

Undertaker, Jacob Davis

Place of Business, 102 Lee st

L. D. Dyer M. D.
Medical Attendant.

Address, 146 Hillen st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 22283

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAY 26 1879

CERTIFICATE OF DEATH.

Date of Death, May 25th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Teresa Uhler

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 41 *Years,* 11 *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 13 years

Place of Death, { Give street and number } 287 Eagle St.

Cause of Death, First, (Primary,) epithelioma palate

Second, (Immediate,) exhaustion.

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 27th 1879

Henry Salzer M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharpe & Cross Sts. *Address,* 165 Columbus

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 32284

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Fletcher

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 24. *Years,* — *Months,* — *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Washer woman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co. Md

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number} 402 S Charles St.

Cause of Death, First, (Primary,) —

Second, (Immediate,) Phthisis

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 26 1879 Thos. Corbett M. D.

Medical Attendant.

Undertaker, Hercules Rokes

Place of Business, Conway St. *Address,* 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32285

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY 26 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda Bird

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Washing & Ironing Clothes

Birthplace, {State or country (and how long in the United States, if of foreign birth)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 9 Gallinghame Alley

Cause of Death, {First (Primary,) Mitral Regurgitation / Second (Immediate,) Unusual Anasarca

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Swarps St Cemetery

Date of Burial, May 27. 1879

Undertaker, Samuel W. Elmore

Place of Business, 98 S Howard St

F. K Wiley M. D.
Medical Attendant.

Address Corner Hanover & Lee Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 32286

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H... MAY 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida L. John Effing

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 hours ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 206 Williams Street

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Convulsions

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 26th 1879

Undertaker, W. Hoile

Place of Business, Light St

James H. Clemm M. D.

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Examd — Jos Tarsaut

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32287

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Wise

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 27 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number.} 46 Medellan St

Cause of Death, First (Primary,) —

Second (Immediate,) Consumption 6 Months

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 27th 1879

Undertaker, Henry W Mears

Place of Business, 145 N Gay St

R. C. Lee M.D.
Medical Attendant.

Address, Hanover Barre Md

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single; of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Barrett.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* — *Months,* 14 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Entire life time.

Place of Death, {Give street and number} 7 Union Court (near Conn Madison & Bond

Cause of Death First, (Primary,) Marasmus.

Second, (Immediate,)

Duration of last Sickness, Probably from birth

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, May 26th 1879

Undertaker, Wm. N. Dungan

Place of Business, No 62 East St

D W Cathell M. D.
Medical Attendant.

Address, 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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32276

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 32289

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27, 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Otten

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 203 Light St

Cause of Death, {First, (Primary,)} {Second, (Immediate,)} Membranous Croup

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 28th

Undertaker, Henry Boiel

Place of Business, Hanover St 81

Theodore Cook M. D.
Medical Attendant.

Address, 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wiley Banks,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, One *Years,* 6 *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 15 Church St.

Cause of Death {First, (Primary,) Tuberculor Meningites, / Second, (Immediate,) Convulsions,

Duration of last Sickness, 4 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 25th

Undertaker, Abraham Wagner

Place of Business, 13 Saratoga St

J. McChambers M. D.
Medical Attendant.

Address, 141 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 27, 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Bond

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 43 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} 25 Forrest St

Cause of Death { First, (Primary,) Dropsy
Second, (Immediate,)

Duration of last Sickness, 6. weeks

All the above information should be furnished by the Physician.

Place of Burial, Lowel Cemetery

Date of Burial, May 27th 1879

Undertaker, A. Wayman

Place of Business, Saratoga St

Jas. A. Steuart M. D.
~~Medical Examiner.~~

Address, Comm. of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman

No. 0

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Curley

Sex, Male or Female, {cross out the word not required in this line.} F

Age, 75 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kilcummin Co Mayo Ire

Duration of Residence in the City of Baltimore, 22 yrs Ever

Place of Death, {Give street and number} 16 Hanover St

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) —

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 28 1879

A. J. Arnold M. D.
Medical Attendant.

Undertaker, James, P. Byrne

Place of Business, No 63 N Frant St *Address,* 7 E. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. Turner.

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* ..... *Days.* 9hrs

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 11 Temple St Atalectasis Pulmonis

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, May 27 1879

Geo. S Kinnemon M. D.
Medical Attendant.

Undertaker, Theodore Locke

Place of Business, 73 [illegible] *Address,* 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore May 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William S. Emmerson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Four *Years,* Ten *Months,* Thirteen *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} No 25 S. Caroline St

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Valvular Disease of Heart

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mount Clemens

Date of Burial, May 27th 1879

Undertaker, Burdine J. Locke

Place of Business, 13 Jefferson St

Whitefield W. Winey M. D.
Medical Attendant.

Address, 1162 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ryan

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 85 Years, ... Months, ... Days.

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Not known

Duration of Residence in the City of Baltimore, Not known

Place of Death, {Give street and number} Aged Woman's Home M. E. Church Fulton

Cause of Death { First, (Primary,) Senous Apoplexy
Second, (Immediate,) .....

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 28th 1879

{ Undertaker, John S Mackey
Place of Business, 150 Cornelia St

John Neff M. D.
Medical Attendant.

Address, 558 W. Dayton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh Taylor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* Seven *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} No. 14 Boyd St. Balto.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} No. 14 Boyd St.

Cause of Death, {First (Primary,) Convulsion / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shays St Cem

Date of Burial, May 28th

{*Undertaker,* L. M. Leonard Jr. / *Place of Business,* 162. W. Balto St}

J. Ridgely Hammond M. D.
Medical Attendant.

Address, Cor. Calhoun & Hollins Sts. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th day of May

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Bowes

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow~~ *or* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 699 West Lombard

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, About 18 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 30th 1879

Undertaker, P. Kunnecke

Place of Business, Mulberry St

D. P. Hoffman M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Kerr

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 48 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Children "Nursery"

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germantown Balt. Co.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} N. 124 St. Paul St

Cause of Death, First, (Primary,) ~~Acute~~ Interstitial Nephritis

Second, (Immediate,) Endocarditis (Acute)

Duration of last Sickness, About 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Germantown Balt. Co.

Date of Burial, 28th April 1879 — Christopher Johnston M. D.
Medical Attendant.

Undertaker, Wm Deutsch's Sons

Place of Business, 16 Eighth St — *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May. 27. 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharina Linders

Fahrende

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Fifty *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Unknown

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 4

Duration of Residence in the City of Baltimore, 4

Place of Death, {Give street and number} 244 South Bond St

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 29th of May

Undertaker, Fred Geade

Place of Business, 29 S. Caroline st.,

D. C. Deland M. D.
Medical Attendant.

Address, Corner E. Fort.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Dickson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 39 *Years,* 4 *Months,* ——— *Days.*

Color, colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number} # 12 Hull Lane

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, May 28th 1879

Undertaker, W. H. Duncee

Place of Business, East St

James A Clark, M. D.

~~Medical Attendant.~~

Address, Commissioners Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

[OVER.]

No. 3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 92301

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Heil

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 99 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number} 5 Minden Alley

Cause of Death, {First, (Primary,) } {Second, (Immediate,)} Phthisis

Duration of last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 29th 1879

Undertaker, Julius Koehler

Place of Business, Sharp x Cross st *Address,* 146. Hanover St

Theodore Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Joseph

Sex, Male or Female, { cross out the word not required in this line. } Male.

Age, ____ *Years,* 4/12 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Nursery & Child's Hospital

Cause of Death, First, (Primary.) Inherited Syphilis

Second, (Immediate,) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 26

C. F. Brown M. D.
Medical Attendant.

Undertaker, C. O'Fleigard

Place of Business, 20 W. Pen ave

Address, [redacted]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32303,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th. May 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Karl Hart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 2 Months, 16 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} N. Washington st 110

Cause of Death, {First (Primary,) 7 Convulsions

{Second (Immediate,)

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Mahony Cem

Date of Burial, May 28th 1879

Undertaker, A. Kahler & son

Place of Business, 3746 Lombard st

William Henkel M. D.
Medical Attendant.

Address S. Wolfe st. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen McGolfe

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} No 698 W. Baltimore St.

Cause of Death { First, (Primary.) Scarletina
Second, (Immediate,) General dropsy & Oedema of Lungs

Duration of last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 28th 1879

Undertaker, J. B. Coale

Place of Business, 1607 W. Baltimore Street

John Neff M. D.
Medical Attendant.

Address, 558 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Badger

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} University Hospital

Cause of Death {First, (Primary.) Pneumonia, Pleuritis & Cerebritis

Second, (Immediate,) asthenia

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, W. B. Cemetery

Date of Burial, May 28 1879

Undertaker, Fred'k A. Kuehnert

Place of Business, 50 S. Carroll Ave

F. B. Bevans M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha E Hoggan

Sex, Male or Female, {cross out the word not required in this line.} .....

Age, 43 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} .....

Cause of Death, First, (Primary,) .....

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 29 1899

..... *M. D.*
Medical Attendant.

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Quinn

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 10 *Years,* 8 *Months,* 11 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 63 Block Street

Cause of Death, First, (Primary,) Disease of the Heart (Mitral) Obstruction

Second, (Immediate,) Dropsy

Duration of last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 29 1879

John S. Sykes M. D.
Medical Attendant.

Undertaker, W. C. Watkins

Place of Business, No 4 Mills St *Address,* 41 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

32295

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Murphy

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 65 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 114 Dugan's Wharf in rear

Cause of Death {First, (Primary,) Neuralgia of the head complaining 5 years
Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cem'y

Date of Burial, May 29 1879

Undertaker, James P. Byrne

Place of Business, Front St. *Address,* Comm of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Joseph Vansant M.D.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Aloman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 27 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number} 307 Mulberry St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Consumption

Duration of last Sickness, 2 or 3 years

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, May 29th 1879

Undertaker, W. Edes

Place of Business, 101 Gough St

Felix Newman M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...cial Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. MAY 28 1879 BALTIMORE

Date of Death, May 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Howard Schminke

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 6 hours ~~Years,~~ *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 70 Choptank St.

Cause of Death {First, (Primary,) Cyanosis

Second, (Immediate,) 6 hrs.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 29 1879

Undertaker, Henry Sanders

Place of Business, Canton Ave near Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32311

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Mary Crosby

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Five Years, Six Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} No. 23 McElderry St

Cause of Death, First, (Primary.)

Second, (Immediate,) Meningitis acute

Duration of last Sickness, About twelve hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 29th 1879

Undertaker, Fry & Bro

Place of Business, 54 N Broadway

Milton A. Taylor M. D.
Medical Attendant.

Address, Broadway & McElderry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27 May 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Luciano Cypriota.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* × *Months,* × *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, Since 1865

Place of Death, {Give street and number.} 122 S. Dallas St.

Cause of Death, First (Primary,) Valvular Heart Disease (mitral Regurgitation - enlargement.)

Second (Immediate,) Edema of Lungs - Apnoea

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cem

Date of Burial, May 28th 1879

Undertaker, Thos. J. Locke

Place of Business, 73 Jefferson St.

B Z Lemmon *M. D.*
Medical Attendant.

Address 26 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...cial Attention of Physicians is respectfully invited to the Remarks below, and to Blank ...

Board of Health, City of Baltimore,

Permit No. 32313

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Jackson Gorsuch

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, 45 *Years,* ... *Months,* ... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation, Ice Cart Driver.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, About six years

Place of Death, {Give street and number} S E Cor Exeter & Stiles Sts

Cause of Death { First, (Primary,) Pleuritis followed by Mania a Potu &c.
Second, (Immediate,) Probably Effusion into Cerebrum

Duration of last Sickness, Confined some days

All the above Information should be furnished by the Physician.

Place of Burial, Harford Co Md

Date of Burial, May 31st 1879

Undertaker, Thompson & Hyde

Place of Business, 14 E Lee St

D. W. Cattell M. D.
Medical Attendant.

Address, 2 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Nancy Wrenn

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 15 *Years,* 6 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent County Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 91 154 Bennett

Cause of Death, {First (Primary,) The deceased suffered with Convulsions

{Second (Immediate,) Spasms, I can't tell what dying ~~of~~ only

Duration of Last Sickness, About 3 years

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 29th 1879

Undertaker, John Thatcher

Place of Business, Park & Fayette St

Penrose W. Hambleton M. D.
Medical Attendant.

Address 203 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[over]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 32315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Taylor Peter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* 2 *Months,* 20 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bookbinder

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto Md

Duration of Residence in the City of Baltimore, 3 Yrs

Place of Death, {Give street and number.} 372 W. Fayette St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, May 31st 1879

Undertaker, John Meaher

Place of Business, Park & Fayette

L. E. Siegert M. D.
Medical Attendant.

Address 26 or Greene & Mulberry Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Atte... of Physicians is respectfully invited to the ... of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 29 1899

CERTIFICATE OF DEATH.

Date of Death, May 28 - 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Maar

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 6 *Years,* 2 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington DC

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number} 26 Little Walsh St

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,) Dropsy

Duration of last Sickness, one Week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 29

Undertaker, Peter Kummert

Place of Business, 317 Mulberry St

A O Stout M. D.
Medical Attendant.

Address, Cor Pratt & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L Curtain

Sex, Male or Female, {cross out the word not required in this line.} M

Age, 1 *Years,* 3 *Months,* 12 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 191 E. Madison St

Cause of Death { First, (Primary,) Meningitis
, { Second, (Immediate,) Convulsions

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery

Date of Burial, May 30th 1879

Undertaker, W. Snyder

Place of Business, 252 Baltimore

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Regulations below, and to Rule [illegible] this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32318

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29 May 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm E. Lyth

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City all its life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 21 E. Gay St

Cause of Death { First, (Primary,) Dentition

Second, (Immediate,)

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, May 30 1879

Undertaker, William N Dungan

Place of Business, No 62 East Street

Geo. E. Hunter M. D.
Medical Attendant.

Address, No 21 E. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th '79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adela Natus

Sex, ~~*Male or Female,*~~ {cross out the word not required in this line.} Female

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cuba

Duration of Residence in the City of Baltimore, 32 yrs.

Place of Death, {Give street and number} University Hospital

Cause of Death First, (Primary,) Syphilis & Pleuritis Pulmonum

Second, (Immediate,) Cachexia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 30th 1879

Undertaker, John Thacher

Place of Business, Park & Fayette Sts

T. B. Bruce M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32320

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schornaboff.

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hirschfelt Germany 8 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 326 Canton Av

Cause of Death First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,)

Duration of last Sickness, abt 9 mo

All the above information should be furnished by the Physician.

Place of Burial St. Peters Cemetery

Date of Burial, May 30th 1879

Undertaker, Henry Benn

Place of Business, 202 Alice Anna St.

Geo. S. Kenneman M. D.
Medical Attendant.

Address, Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32321

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lottie Grant

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 20. *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 31 N. Carlin St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Consumption

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 30 May 2 Oclock

Undertaker, George C Rodenmayer

Place of Business, 38 Eason Street

E A Mans M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 13422

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32322

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th May 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Ellender

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 32 *Years,* 4 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Living Life

Place of Death, { Give street and number } 1070 W. Baltimore St

Cause of Death, { First, (Primary.) Organic disease of Heart, Second, (Immediate,) General Anasarca or Cardiac dropsy

Duration of last Sickness, 60 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 1st June 1879.

C. H. Jones M. D.
Medical Attendant.

Undertaker, Henry W. Jenkins Son

Place of Business, 16 Light st.

Address, 530 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 32323

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~29th~~ 29th May 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Wagner

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, W *Sex,*

~~Married~~, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 yrs ✓

Place of Death, {Give street and number.} aged Women's Home

Cause of Death, {First (Primary,) Cancer
Second (Immediate,) Bright

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 30th May 1879

Geo H Taylor M. D.
Medical Attendant.

Undertaker, H. W. Jenkins Son

Place of Business, # 16 Light St. *Address* 1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amalia Hoffmann

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 49 *Years,* 5 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany, 11 1/2 years

Duration of Residence in the City of Baltimore, 11 1/2 years

Place of Death, {Give street and number.} 514 N. Washington Av

Cause of Death, First (Primary,) tubercular Phthisis

Second (Immediate,) Convulsions (epileptic)

Duration of Last Sickness, 7 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemt.

Date of Burial, May 30th 1879

Undertaker, Chas. Bartell

Place of Business, 42 N. Baltimore

G. Liebmann M. D.
Medical Attendant.

Address 223 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 111

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32325

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah V. Lucas

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 22 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 16. E Church St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Convulsions

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemet

Date of Burial, May 30th 1879

H. B. Noble M. D.
Medical Attendant.

Undertaker, Timothy Dunn

Place of Business, 263 Light St. *Address,* 17 Warren Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32326

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPART
MAY
30
1879
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ... May 29th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella L. White

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 1 *Years,* 3 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, 1 yr 3 mo

Place of Death, { Give street and number } 97 Hillen

Cause of Death { First, (Primary.) Diarrhoea

Second, (Immediate,) .....

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, May 30 79

Undertaker, Hollings & Dulany

Place of Business, No 263 Light

Address, ... *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32327.

MAY 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary C. Sanders. / L. Columbus Sanders. Parents.

Sex, Male or Female, { cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 3 Hours *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (And how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 35 Warren Ave.

Cause of Death { First, (Primary,) / Second, (Immediate,) Asphyxia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial May 30 th 1879

Undertaker, Amstrong Denny

Place of Business, 263 Eighth st

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 L. Pkwy St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32328

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Lifsh

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 49 *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Farm Keeper

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number} Spring Gardens, East Leadenhall St.

Cause of Death, First, (Primary.) —

Second, (Immediate,) Drowned

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 31

Undertaker, Henry Price

Place of Business, Hanover St 81

R. C. Lee M. D.
Medical Attendant.
Corner S. D.

Address, Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27/79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Josephine Chadwick

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, 34 *Years,* 4 *Months,* 13 *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, During her Life

Place of Death, {Give street and number.} 371 Madison Av.

Cause of Death, {First (Primary.) Knights Disease

{Second (Immediate,) " "

Duration of Last Sickness, Cannot say Definitely, Quite sick Two Months,

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 31 1879

{*Undertaker,* Thos S Hughes

{*Place of Business,* 238 Madison Ave 60 S Bueh St

H. R. Fetterhoff M.D.
Medical Attendant.

Address, 77 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

3

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32330

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Beeks

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 429 Eastern Ave

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Chronic croup

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 30 1879

Undertaker, Ing't Bro

Place of Business, Broadway

G. Glanville Lusk M. D. Medical Attendant.

Address, Balt. & Ash. Rds.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 32391

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28 May 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Lewis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the words not required in this line.} X

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Phila. Penna.

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} 102 S. Dallas St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Asthenia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Green

Date of Burial, May 30 1879

Undertaker, Theodore Lake

Place of Business, 737 Jefferson St

D. F. Leonard M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Theodore Wilkes

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, 64 *Years,* 4 *Months,* 14 *Days.*

Color, White

~~*Married, Single, Widow or* Widower,~~ {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Queen's Anne County Md.

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number.} No 290 McDonough St

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 31st

Undertaker, Geo Schilling

Place of Business, Ashland & Lyman

A Aronsohn M.D.
Medical Attendant.

Address 254 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32333

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Liemuth

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Switzerland (9 yrs in America

Duration of Residence in the City of Baltimore, 3 wks

Place of Death, {Give street and number} St Joseph's Hospital

Cause of Death { First, (Primary,) Tuberculosis
Second, (Immediate,) Asthenia

Duration of last Sickness, 18 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Aghonsus Cemetery

Date of Burial, May 31, 1879

Oscar J. Cockey M. D.
Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, 209 Cantrell Av *Address,* 188 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 32334

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Achilles A. Warner

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 57 *Years,* 7 *Months,* 2 *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Tinner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Thirteen Years

Place of Death, {Give street and number} No. 20 Ridgely St.

Cause of Death, First, (Primary.)

Second, (Immediate,) Inanition

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 30th 1879.

J. T. Smith M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore *Address,* 231 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32335,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie L Andrews

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 14 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N. Druid Hill av

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Pneumonia

Duration of Last Sickness, ~~one day~~ 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemt

Date of Burial, June 2nd 1879

Undertaker, John J Andrews

Place of Business, 476 Druid av *Address* 152 Madison St

H. D. Porter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Porter Cook

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 12 *Years,* 1 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Child

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maine

Duration of Residence in the City of Baltimore, Eight Months

Place of Death, {Give street and number} 91 Edmondson Ave.

Cause of Death {First, (Primary,) Diphtheria

Second, (Immediate,) Congestion of Viscera

Duration of last Sickness, Four Weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, ~~May~~ June 1st 1879

Undertaker, Wm. Andrews

Place of Business, 114 & 116 Druid Hill Ave

J. McChristian M. D.
Medical Attendant.

Address, 91 Edmondson Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha E. Delaney

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* ~~ Days.

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 132, N. Durham St

Cause of Death {First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, Five months

All the above Information should be furnished by the Physician.

Place of Burial, Dallas St. Cem'y

Date of Burial, May 30 1879

Undertaker, The. D. Lecks

Place of Business, Jefferson St.

Address, Commissioners of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulter

The Special Attention of ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32338

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Teresa

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ~~Months,~~ about 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 18 days

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death { First, (Primary,) Marasmus
Second, (Immediate,) Asthenia

Duration of last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 31. 1879

Undertaker, Saml Bowen

Place of Business, 156 Division St — *Address,* 68 McCulloh St

Mathew Brewer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Shafolini (Schaffelino

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Five *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 426 Alexandria St

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 426 Alexandria St

Cause of Death, First (Primary,) ____ Second (Immediate,) Spasms.

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem. E. R. Ward M. D.

Medical Attendant.

Date of Burial, May 31st 1879

Undertaker, L. Ritz

Place of Business, No. 129½ S. Bdway *Address* 338 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32340

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30 May 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, Negro

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer & Rags

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Entire

Place of Death, {Give street and number.} 7 Old Forden Road

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 31

Undertaker, W. H. Madden

Place of Business, 335 Howard St

R. F. Leonard *M. D.*
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 32341

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 32341

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie Bauers

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, 5 *Years,* 6 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City. Md

Duration of Residence in the City of Baltimore, since Birth.

Place of Death, {Give street and number} * 61 Lemmon St

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate,) ____

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cemetery

Date of Burial, May 31st 1879

John H. Rehberger M. D.
Medical Attendant.

Undertaker, Geo. Bein

Place of Business, 252 Alice Anna St *Address,* 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 22542

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32342

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~June~~ May 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Wolch

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 3 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 66 N. Exeter

Cause of Death, First, (Primary) Marasmus

Second, (Immediate,) Exhaustion

Duration of last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 1

Undertaker, John Herring

Place of Business, 332 Colvert St.

G. G. Lusk M. D.
Medical Attendant.

Address, Balto & Hanover Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32343

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Albert Loleew

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, ——— *Years,* Eleven (11) *Months,* ——— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City = Lived both

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 71 Dawson Alley

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) ———

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Green St Cemet

Date of Burial, June 1 1879

Undertaker, F. T. Nemuth

Place of Business, 424 Saratoga St

Wm N Ederdei M.D.
Medical Attendant.

Address, 106 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32344

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David R Dyer — (Father)

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 534 Franklin St

Cause of Death, First, (Primary.) Whooping Cough

Second, (Immediate.) Cholera Infantum

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Greenmount~~ Druid Ridge Station, Prince Georges county, Md

Date of Burial, June 1st 1879 Thomas Cole M. D.

Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 556 W. Fayette St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit 1413

[OVER.]

...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32345

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H. Smith.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 1/2 *Months,* ..... *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Mason ally No 6.

Cause of Death, First (Primary,) ~~Cholera Infantum~~ Summer Diarrhoea

Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Green

Date of Burial, May 31st 1879

C. F. Brau M. D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 271 E Eutaw St *Address* 241 Linden ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

L

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 92346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 31st May 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franciska Mithner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number.} S. Bond Street 288

Cause of Death, {First (Primary,) Tuberculosis Pulmonum

Second (Immediate,) During lifetime

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, S. Alfonzes Cemetary

Date of Burial, June 1st 1879.

Undertaker, Leonhard Kurz

Place of Business, S. Bond St. No 288

William Henkel M. D.
Medical Attendant.

Address S. Wolfe St. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Barklie

Sex, Male or Female, {cross out the word not required in this line.}

Age, about 80 *Years,* — *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City ✓

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 106 N Biddle St

Cause of Death { First, (Primary,) Fatty Degeneration of Heart
, Second, (Immediate,) Edema & Congestion of Lungs

Duration of last Sickness, Confined to bed 3 days —

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 1st 1879

Undertaker, Wm Deaver

Place of Business, No 202 N. Eutaw St *Address,* 23 McCulloh St

C A Winslow *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32348.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas H. Beale

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 46 *Years,* ——— *Months,* ——— *Days.*

Color, colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 6 days

Place of Death, {Give street and number} 106 S. Bethel Street

Cause of Death {First, (Primary,) ———
Second, (Immediate,) Convulsions

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, May 31 1879

Undertaker, M. E. Saigle

Place of Business, Broadway

Address, Comm of Health & Registrar

J. Thos A Lewis M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Lynn

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* ~~0~~ *Months,* ~~0~~ *Days.*

Color, Black, *Sex,*

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Montgomery Co Md

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} ~~4 years~~, 21 Pleasant

Cause of Death, {First (Primary,) Bilious fever

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount St Mary's

Date of Burial, May 31 1879

Undertaker, S W Chase

Place of Business, 198 S Howard St *Address*

A. Tuttle — *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 31 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Harrod Pierce

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirty one *Years,* ... *Months,* ... *Days.*

Color, Black.

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Washington Co Md

Duration of Residence in the City of Baltimore, About Thirty five Years

Place of Death, {Give street and number.} 361 Penna Avenue

Cause of Death, {First (Primary,) Diabetes Insipidus
Second (Immediate,)

Duration of Last Sickness, About four years.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 31, 1879

Undertaker, S W. Chase

Place of Business, 193. Howard st

A. C. Pole *M. D.*
Medical Attendant.

Address No 1. N. Boundary Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James McGiffrau

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Watchman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Cavan N. Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 178 Hollins st

Cause of Death, First (Primary,) Cholera Morbus

Second (Immediate,)

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, June 2nd 1879

P. V. Benson M. D.
Medical Attendant.

{*Undertaker,* L. K. Bent
{*Place of Business,* No 707 W. Baltimore Street

Address 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32352

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Shingler

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, House keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number} 446 W Fayette st

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, about 2 1/4 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 1st 1879

Undertaker, E B Cook

Place of Business, No 707 W Baltimore street

Saml Enterline M. D.
Medical Attendant.

Address, 582 W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 32353

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32353

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Cooke

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* 9 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 72 Arlington Avenue

Cause of Death, {First, (Primary,) Hooping Cough
Second, (Immediate,)

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 1st 1879

Undertaker, J B Earl

Place of Business, [illegible] Baltimore Street

J J Fitzer M. D.
Medical Attendant.

Address, 160 Saratoga st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32354

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30. 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Kolbein

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 171 Pierce

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,)

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 31st 1879

Undertaker, Peter Kunnecut

Place of Business, Mulberry St

Louis Chas. Horn M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 32355

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32355

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 31 1899 BALTIMORE

Date of Death, May 31 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emanuel Watts

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* —— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 369 Mosher St

Cause of Death, {First, (Primary,) Second, (Immediate,)} Cholitina

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Shark St

Date of Burial June 1

Gordon Gordle M. D.
Medical Attendant.

Undertaker, Hercules Ross

Place of Business, 95 Conway St *Address,* 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 31st May 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emilie Bachman.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* *Days.*

Color, white *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} No 148 Conway Str.

Cause of Death, {First (Primary,) Scarlet fever. Second (Immediate,)

Duration of Last Sickness, five days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 1st 1879.

Robert Anthor M. D.
Medical Attendant.

{*Undertaker,* Charles G. Kerdel Address 121 N. Broadway.
Place of Business, 161 Hanover Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the [illegible] this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Garrett Wey.

Sex, Male or ~~Female~~, {cross out the word not required in this line.} M

Age, 23 *Years,* 2 *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, {Give street and number} 24 St James St.

Cause of Death {First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, One month.

All the above information should be furnished by the Physician.

Place of Burial, Loudon cemetary

Date of Burial, June 1 1879

Undertaker, Charles A White

Place of Business, 31 Grand Ave

J. H. Guy M. D.
Medical Attendant.

Address, 137 Orleans St

BALTIMORE MAY 31 1879

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

32358

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 32358

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Williams

~~*Sex, Male or Female,*~~ { cross out the word not required in this line. }

Age, Forty *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number } 317 E. Lombard St.

Cause of Death, { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,)

Duration of last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Ft. Chapel } Cem. C. B. Britton M. D.
Date of Burial, June 1st 79 Medical Attendant.

Undertaker, C. M. Frazier
Place of Business, 317 E. Lombard *Address,* Broadway & Pratt Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Last Page of Directions for this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42359

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 31 1879 BALTIMORE

Date of Death, May 31/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Seipel

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number} 213 East Lav.

Cause of Death {First, (Primary,) Cholera Morbus

{Second, (Immediate,)

Duration of last Sickness, 12 hrs

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, June 2 1879

R. W. Mansfield M. D.
Medical Attendant.

Undertaker, J. W. Francis

Place of Business, 28 Division Ave

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Henry Lambrecht

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 & 10 Months *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 57 E Pratt St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 57 E Pratt St

Cause of Death {First, (Primary,) Prolonged Labor

Second, (Immediate,) "

Duration of last Sickness, 10 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, June 1st 1879

Undertaker, J O Byrne

Place of Business, Fremont St

J Thurston Ellis M. D.
~~Medical Attendant.~~
Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Sanitary Inspector

OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 32361

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32361

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Phillip O'Brien

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 *Years,* 11 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} No 50 North Eutaw St.

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Date Corrected 1879

Date of Burial, June 2nd 1879

Undertaker, Jas. Pendergast

Place of Business, 444 Orchard Ally

W. L. Buddenbohn M. D.
Medical Attendant.

Address, 114 W. Pratt St.

JUN 1879

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3362

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35565

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 11 1879

CERTIFICATE OF DEATH.

Date of Death, June 10th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr Kenna

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Forty *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } —

Cause of Death, { First, (Primary,) Drowning. Second, (Immediate,) }

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, F P Cemetery

Date of Burial, —

Undertaker, Patrick Mullin

Place of Business, —

D. E. Ireland *M. D.*
Medical Attendant.

Address, Coroner E. Side

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2063

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 25363

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 1 1879

Date of Death, May 31st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ford

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* Six hours 1 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 36 Perry St

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } 36 Perry St

Cause of Death, { First, (Primary,) Premature Birth
Second, (Immediate,) }

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 1st 1879

Undertaker, Neale Gilmore

Place of Business, 41 Eastern Ave

E. J. Williams M. D.
Medical Attendant.

Address, 69 Patterson Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 564

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 33364

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 13 1879

CERTIFICATE OF DEATH.

Date of Death, 31st May 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ford

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* about Eleven *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 36 Bunn St

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } 36 Bunn St

Cause of Death, { First, (Primary,) Marasmus Second, (Immediate,) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, June 1st 1879

E. J. Williams M. D.
Medical Attendant.

Undertaker, H. M. Gibbons

Place of Business, 211 Lombard

Address, 17 Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1 1879

CERTIFICATE OF DEATH.

Date of Death, ~~May~~ June 31 ~~21~~ 1879 - May 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James T Cornic

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 17 *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give street and number} 2 S Calhoun St

Cause of Death First, (Primary,) Brights Disease of Kidneys

Second, (Immediate,) " "

Duration of last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, June 1st 1879

Undertaker, Wm Weaver

Place of Business, No 202 E. Fayette St

W M Keating M. D.
Medical Attendant.

Address, W Lafayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Special Attention of Ph... ...ificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L. Rueman Rueman

Sex, Male or Female, {cross out the word not required in this line.}

Age, Years, 15 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 161 N. Monument

Cause of Death { First, (Primary.) Diphtheria
Second, (Immediate,) Coma
6 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 2/79

Undertaker, R. Emmons

Place of Business, to 92 N. Howard

Thomas Shearer M. D.
Medical Attendant.

Address, 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 32367

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 11 1879 BALTIMORE

Date of Death, May 21. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Hart

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 52 Offord St

Cause of Death, First (Primary,) Meningitis (Tubercular)

Second (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 1. 1879

Undertaker, W. E. Shaw

Place of Business, No 198 S. Howard St

J. E. Atkinson M. D.
Medical Attendant.

Address 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julius Liebmann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 87 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Agriculturer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Cannot say Definitely

Place of Death, {Give street and number.} Hebrew Hospital Eutaw near Lombard

Cause of Death, First (Primary,) Insufficiency of the Mitral valves

Second (Immediate,) Thrombosis

Duration of Last Sickness, Don't know

All the above information should be furnished by the Physician.

Place of Burial, Chas Mount Olivet

Date of Burial, June 1st 79

Undertaker, Wm. Edmiston

Place of Business, 111 Gough St

I. W. Sloan M. D.

Medical Attendant.

Visiting Physician Hebrew Hospt

Address 8 So Eutaw Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 32369

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Deming

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 4 1/2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Corner of Eden & Lombard

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor. Mc. Eden & Lombard

Cause of Death, First (Primary,) Bronchial Catarrh

Second (Immediate,)

Duration of Last Sickness, 12 Hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 2nd June

Undertaker, H. Schultheis

Place of Business, Monument Pl.

A. E. Stein, *M. D.*
Medical Attendant.

Address 195 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

#32370

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The Special Attention of Physicians is respectfully invited to the ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Meekins

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland 35 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 296 Hanover

Cause of Death { First, (Primary,) Gastro-enteritis
Second, (Immediate,) }

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 2nd 1879

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St.

Dr. C. P. Ellis M. D.
Medical Attendant.

Address, 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

Date of Death, June 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Frederick Laudenklos

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, _____ Years, Seven Months, _____ Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, _____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} Jefferson St near Chester St

Cause of Death, First, (Primary.) Indigestion and teething

Second, (Immediate,) Meningitis acute

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 2 - 1879

Undertaker, John Herwig

Place of Business, 386 Orleans St

Milton A. Taylor M. D.
Medical Attendant.

Address, Broadway & McElderry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32373

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

CERTIFICATE OF ~~DEATH~~.

Date of Death, May 30th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm L Sutton

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Machinist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland 57 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 57 Warren ave

Cause of Death {First, (Primary,) Second, (Immediate,)} Accidentium

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old M E Philad Ave

Date of Burial, Jun 2nd 1879

Undertaker, Smith & Denny

Place of Business, 263 Fleet

W. H. Ellis M. D.
Medical Attendant.

Address, 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

Date of Death, June 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Lucy Gail (Miss Lucy Ryan)

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, A religieuse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Gondelaing / Panama

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Convent de Notre Dame Aisquith St

Cause of Death { First, (Primary,) / Second, (Immediate,) } Consumption of the Lungs

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cemetery

Date of Burial, 4th of June

Undertaker, Adam Fink

Place of Business, 461 W Gay St

John F. Cummins M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Phy...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertain Whelstill

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 112 Byrd St

Cause of Death First, (Primary,) Membranous Croup

Second, (Immediate,) Six days —

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Louden Park cemetery

Date of Burial, June 2nd 1879

Undertaker, J. B. Cook

Place of Business, 1207 W. Baltimore Street

W. D. McGuire M. D.
Medical Attendant.

Address, 582 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special Attention of Phy...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Coman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 78 Seventy eight *Years,* Eleven *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Full Eighty Yrs.

Place of Death, {Give street and number} No. 46 N. Appleton Street

Cause of Death {First, (Primary,) Chronic Gastritis
Second, (Immediate,) .....

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, June 3rd 1879

Undertaker, J. B. Cook

Place of Business, No 707 W. Baltimore Street

Chas. O. Keck M. D.
Medical Attendant.

Address, 206 N. Castle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 32877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

Date of Death, May 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert B. Stiles

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Twenty One 21 *Years,* Ten *Months,* Twelve *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 97 E. Biddle St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 2d 1879

Dr. P. P. Yeates *M. D.*
Medical Attendant.

Undertaker, Thos S Hughes

Place of Business, 5n. E. Balto St *Address* 133 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Almendinger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* 1 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 65 Walnut alley

Cause of Death, First (Primary,) Cancer Uteri

Second (Immediate,)

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery John Morris M. D.

Date of Burial, June 3rd 1879 Medical Attendant.

Undertaker, Andrew Jeb

Place of Business, 115 Lindell *Address* 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 32379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Griffin

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Sixty *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, {Give street and number} 281 E. Lombard Street

Cause of Death First, (Primary,) —

Second, (Immediate,) Consumption (catarrhal)

Duration of last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 2. 1879

Undertaker, H. A. Darjes

Place of Business, 74 S. Broadway

J. B. Benton M. D.
Medical Attendant.

Address, 114 N. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...The Special Attention of Phy...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32380

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

Date of Death, May 31

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L Pilman

Sex, Male or Female, {cross out the word not required in this line.} "

Age, 77 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number} 147 Arlington ave

Cause of Death First, (Primary,) Hepatitis

Second, (Immediate,) Jaundice

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Gorsuch Luthrin Woodhill Park

Date of Burial, June 2d 1879.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

J. J. Knight M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florine A Johnson

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, ... *Years,* ..... ~~Months~~, 11 *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} No 28 S. Dallis Lt

Duration of Residence in the City of Baltimore, all time

Place of Death, {Give street and number.} No 28 Dallis Lt

Cause of Death, {First (Primary,) consumption from birth

Second (Immediate,) .....

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, June 2 nd 1879

Undertaker, Charles A White

Place of Business, 35 Granby st

J Brack M. D.
Medical Attendant.

Address, No 36 Dallis st
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2: And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the place and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

Permit No. 32382

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Butler, "Black"

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 10 *Years,* 5 *Months,* 4 *Days.*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 218 S. Caroline St

Cause of Death { First, (Primary,) — ; Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, May 2nd 1879

Undertaker, Charles A. Mc.

Place of Business, 35 Fraley's

A. Siegfried M. D.
Medical Attendant.

Address, 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32383

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Strickland

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 82 *Years,* — *Months,* 15 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co. Md

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} 94 Lee St

Cause of Death, First, (Primary.) Asthenia

Second, (Immediate.) Paralysis

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 3 1879 Howard Cook M. D.

Medical Attendant.

Undertaker, John Thacher

Place of Business, Park & Fayette St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

Date of Death, May 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Johnson

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore County

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number.} 159½ Dallas St.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

This body was subsequently buried by P. Mullen & P. Cameron in the E.

Place of Burial, Bethel Cemetery Stevens Run

Date of Burial, June 2nd 79

Undertaker, H. S. Eichelberger

Place of Business, Monument St

E. B. Fenby M.D.
Medical Attendant.

Address, 319 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Francis Hall

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen May Lyons

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 419 N Bennett St

Cause of Death { First, (Primary,) Tuberculous Meningitis
, { Second, (Immediate,) Spasm
5 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 1st 1879

Undertaker, Wm E Ebenreuth

Place of Business, Cor Mosher & Pa Ave *Address,* 60 N Eutaw St

Marion Bruer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special by Dr. Tays. (OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUN 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31st 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Brandtmiller

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 251 Preston St.

Cause of Death { First, (Primary,) Intestinal Obstruction
Second, (Immediate,)

Duration of last Sickness, 2½ days

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 3d

Undertaker, P. Kimmerl

Place of Business, 317 Mulberry

H. Miller M. D.
Medical Attendant.

Address, 89 N. Grove St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isedor Stern

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Four Years, Nine Months, Eight Days.

Color, White

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} #120 German St.

Cause of Death {First, (Primary,) Tracheitis

Second, (Immediate,) Three days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cy.

Date of Burial, 3d June 1879

Undertaker, Wm Eldaw

Place of Business, 101 Gough St.

S. I. Knight M. D.
Medical Attendant.

Address, 112 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 32388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

Date of Death, June 1st 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emmetha Roberts

Sex, ~~*Male or Female,*~~ {cross out the word not required in this line.}

Age, 9 *Years,* — *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 3 Years & nine Month

Place of Death, {Give street and number} 138 Sarah ave

Cause of Death {First, (Primary,) Scarletina

Second, (Immediate,) malignant

Duration of last Sickness, five Days

All the above information should be furnished by the Physician.

Place of Burial, Potters Cemetery

Date of Burial, June 2 1879

Undertaker, Mathew Corrigan

Place of Business, 227 Mulberry St

Louis L. Corn M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUN 2 1879 BALTIMORE

Date of Death, Jan 2/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Curley

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 10 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 35 Bank

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Inanition

Duration of last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, June 3 d

Undertaker, M. Feeney

Place of Business, 35 Bank St.

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32390

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2d 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Boehelein

Sex, Male or Female, { cross out the word not required in this line. } male

Age, ____ *Years,* ____ 4 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and number } 63 S. Durham st

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus

Date of Burial, June 3d,

Undertaker, Mr Fuchs

Place of Business, 35 Banks,

D. L. Dawson M. D.
Medical Attendant.

Address, 27 W. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32391

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE JUN 2 1879

CERTIFICATE OF DEATH.

Date of Death, June 1st 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Kirsch

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 98 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Watch maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Old city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 9. Commerce Street

Cause of Death {First, (Primary,) Insufficiency of Sternis valvularis Pleuritis Broncho P

{Second, (Immediate,) Sudden Death.

Duration of last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 3 1879

S. W. Selous M. D.
Medical Attendant.

{*Undertaker,* Henry Routh

{*Place of Business,* 304 Central Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Lyett

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 232 Battery Ave

Cause of Death, First, (Primary,) Peritonitis

Second, (Immediate,) Diphtheria

Duration of last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Bolg. Cross Cem. Dr.

Date of Burial, June 3rd Theodore Orth M. D.
Medical Attendant.

Undertaker, P. B. Hardy

Place of Business, 411 Light St. *Address,* 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Berryman Schaefer

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, — *Years,* 5 *Months,* — 2 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 119 N. Howard

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 119 N. Howard.

Cause of Death, First (Primary,) Hydrocephalus (Congenital)

Second (Immediate,) Since birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 3rd 1879

J. Wm Walls M. D.
Medical Attendant.

Undertaker, A Meyer

Place of Business, 106 N. Howard St. *Address* 18 So. Eutaw.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 2 1879

Date of Death, June 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paloma Gachlin

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Child

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 34 S. Allen St

Cause of Death { First, (Primary,) Congestion of Lungs
Second, (Immediate,) Congestion of Lungs

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 2nd 1879

Undertaker, M. Soarie

Place of Business, ———

Address, ———

Dr. Kelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32395.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 2 1879

CERTIFICATE OF DEATH.

Date of Death, May 31 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. H. L. Mathews

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 121 N. Bethel

Cause of Death { First, (Primary,) .....
Second, (Immediate,) Convulsions

Duration of last Sickness, One (1) day

All the above information should be furnished by the Physician.

Place of Burial, Old Dallas St. Cemetery

Date of Burial, June 2nd

Undertaker, A. Wayman

Place of Business, 13. Saratoga St.

Address, ...

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Schubert

~~Sex~~, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 34 E Balt St

Cause of Death, {First (Primary,)} Laryngitis Exsud:

{Second (Immediate,)} Oedema Glottidis.

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, June 3 1879

Undertaker, P. Kennard

Place of Business, Mulberry E

G Winslow B *M. D.*
Medical Attendant.

Address, 37 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUN 2 1879

CERTIFICATE OF DEATH.

Date of Death, May 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Davis

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days.*

Color, Colored

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Brickmaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 7. Claret alley

Cause of Death {First, (Primary,) old age / Second, (Immediate,) Gen Debility

Duration of last Sickness, 3. Month

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem

Date of Burial, May 31st 1879

James H Steuart M. D. ~~Medical Attendant.~~

Undertaker, F. A. Kerchner

Place of Business, 50 S. Carrollton Av *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Exam by Jos Vansant S. H.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmund Hollinger

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, fifty-four Years, eleven Months, 19 Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, tanner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number} 37 s Durham

Cause of Death, {First, (Primary,) Second, (Immediate,) consumption

Duration of last Sickness, 15 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, June 3 d 79

I. I. Litzer M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] Address, 160 Saratoga st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Brennan

~~Sex,~~ *Male or Female,* {Cross out the words not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Rail Road

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 39 Brookshire

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,)

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cem

Date of Burial, June 3rd 1879

Undertaker, Jos H Bruns

Place of Business, 39 n Eden St

Charles O'Donnell M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 3 1879

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Minnie Eppler

Sex, Male or Female, {cross out the word not required in this line.}

Age, 61 *Years,* 11 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} 419 E. Lager Lr

Cause of Death, First, (Primary,) Cancer of Liver

Second, (Immediate,)

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 3 of June

Undertaker, Adam Fink

Place of Business, 461 E. Lager St | *Address,* 361 S. Broadway

H. H. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BRUCE & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3d 187

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gen. Adam Reidenger

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 78 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 years.

Place of Death, {Give street and number} 274 S. Eutaw

Cause of Death { First, (Primary,) — Second, (Immediate,) old age.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Jun 4th

Undertaker, H. Briele

Place of Business, [redacted]

R. L. Dr. Tull, M. D.
Medical Attendant.

Address, 132 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Alexander Ely

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 11 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 318 Eastern Avenue

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 3rd 1879

Undertaker, H. Sander

Place of Business, 252 Caston Ave.

Chas. T. [illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Roach

Sex, Male or Female, {cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Plasterer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 91 Homer St

Cause of Death {First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Bty.

Date of Burial, June 4th 1879

Undertaker, John S Boarman

Place of Business, Park & Fayette Sts

G. F. Phillips M. D.
Medical Attendant.

Address, 319 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ne Special Attention of Physi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Anne Russell

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 27 Yrs.

Place of Death, {Give street and number} 13 Williamson alley

Cause of Death { First, (Primary.) Cancer of breast (Scirrhus) / Second, (Immediate,)

Duration of last Sickness, 1 Yr.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Ce

Date of Burial, June 4 79

Undertaker, C. F. Krause

Place of Business, 209 Hanover *Address,* 315 Light St.

B. C. P. Ellis *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 32

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32405

JUN 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3 A 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes L. Garnbach

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 352½ S. Stricker St

Cause of Death, First, (Primary.) Whooping Cough with Pneumonia

Second, (Immediate.) Meningitis

Duration of last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, St. Johns

Date of Burial, June 4 1879 Hinton Bd Co M. D.

Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 207 Hanover *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32406 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Riddle.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 94 *Years,* 3 *Months,* 27 *Days.*

Color, White.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 118 E. Pratt St.

Cause of Death, First (Primary,) Chronic Valvular Disease of Heart and degeneration of Kidneys

Second (Immediate,) Ascites & Anasarca

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 3rd 1879

Undertaker, James P Byrne

Place of Business, No 63 n Front St

Jno. T. Pratt M.D.
Medical Attendant

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 32

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32407

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUN 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2d 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas W. Strahan

Sex, Male or Female, { cross out the word not required in this line. } male

Age, ____ *Years,* ____ 17 *Months,* ____ 2 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and number } 21 E. Fayette st.

Cause of Death, First, (Primary,) Lockjaw

Second, (Immediate,)

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 3d 1879

Undertaker, Hoy W. Mears

Place of Business, 45 N Gay St

J. L. Dunbar M. D.

Medical Attendant.

Address, 2 E. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 3 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 1st. 2.30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel H. Johnson

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, ... *Years,* / *Months,* 21 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} No 4. Parish alley

Cause of Death { First, (Primary,) Diarhoea
Second, (Immediate,) Diarhoea

Duration of last Sickness, Two days

All the above luformation should be furnished by the Physician.

Dr. Maceen D Stumes

Place of Burial, Laurel Cemetery

Date of Burial, June 3. 1879

Undertaker, Wm. S. Chenoweth

Place of Business, Mosher & Park

D. D. Stumes. M. D.
Medical Attendant.

Address, Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Tobias Hoeltz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 101 E Fayette.

Cause of Death, First (Primary,) Hypertrophy of Prostate

Second (Immediate.) Obstruction

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, Loyola & Cong. Cemetery

Date of Burial, June 4th

Chas. T. Smith M. D.
Medical Attendant.

Undertaker, Mitchell

Place of Business, 111 Forest St. *Address*

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Berryman

Sex, Male or Female, {cross out the word not required in this line.}

Age, _____ *Years,* 15 *Months,* _____ *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 170 N Durham St

Cause of Death, First, (Primary,) Convulsions of Teeth

Second, (Immediate,)

Duration of last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Centennial B.G.

Date of Burial, June 3.4.79

Undertaker, A.C.R. Bandell

Place of Business, No 278 N Ann St

W. E. Russell M. D.
Medical Attendant.

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2d 1879—

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Grant—

Sex, Male or Female, {Cross out the word not required in this line.} —male—

Age, Years, (6 Months, 2 Days.

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single,

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 195 N. Central Avenue,

Cause of Death, {First (Primary,) Internal injuries accidental,
Second (Immediate,) Exanition,

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 3d 79

Undertaker, Fry & Bro

Place of Business, 54 N Broadway

Loving Miller M. D.
Medical Attendant.

Address 179 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUN 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, name

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert. Dowling

Date of death June 2nd 1879

Sex, Male or Female, {cross out the word not required in this line.} M

Age, 2 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 30 Burgess L. Sts

Cause of Death, {First, (Primary,) Diptheria

{Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, June 3

Undertaker, Henry Boile

Place of Business, Harriett St 81

D. O. Warrington M. D.
Medical Attendant.

Address, 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[9T42.]

Board of Health, City of Baltimore,

Permit No. 32413 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 3 1879

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Henry Lee Ridgely

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Gentleman Broker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 49 years

Place of Death, {Give street and number.} 62 Fayette St. W. Balto, Md.

Cause of Death, First (Primary,) Acute Bright's Disease & Uraemia.

Second (Immediate,) Uraemic Convulsions.

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, ~~May~~ June 3rd 1879

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address*

Henry T. Smith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 32414

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Johnson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 11 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 86 S. Durham St.

Cause of Death, First, (Primary.) Adenitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, five weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, June 3rd 1879

G. G. Lusk M. D.
Medical Attendant.

Undertaker, Theodore J. [illegible]

Place of Business, 73 Jefferson [illegible] *Address,* Balt. & Mad. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 32415

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 3 1879

CERTIFICATE OF DEATH.

Date of Death, June 2d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lemuel Scotland

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 21 Perkins, alley

Cause of Death { First, (Primary,) Convulsions
Second, (Immediate,)

Duration of last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemy

Date of Burial, June 3d 1879

Undertaker, Wm J. Conner

Place of Business,

Jam't Steuart M. D.
~~Medical Attendant.~~

Address, Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

BM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

No. 32

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32416

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 3 1879

CERTIFICATE OF DEATH.

Date of Death, June 2 nd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Baldwin

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, about 40 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 1 year

Place of Death, { Give street and number } 64 Monroe Place

Cause of Death { First, (Primary,) Chronic Diarrhea
Second, (Immediate,) Peritonitis

Duration of last Sickness, 24 hours. existing 12 months.

All the above information should be furnished by the Physician.

Place of Burial, Washington D C

Date of Burial, ~~June~~ 3d 1879

Undertaker, L P Byrne

Place of Business, 63 Front St

Edward P Hendrick M. D.
Medical Attendant.

Address, 137 W Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1415

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 4 1879

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie Hicks

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* — *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number} Vincent Alley

Cause of Death { First, (Primary,) —
Second, (Immediate,) Consumption of Lungs
Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Md

Date of Burial, June 4th 1879

James Adams M. D.
Medical Attendant.

{ *Undertaker,* John C. Jordan
{ *Place of Business,* 63. Park ave *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by L. Vansant M.D.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Sills

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, —— *Years,* 4 *Months,* — *Days*

Color, Col

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Native

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give street and number.} W Sarah Ann St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 4 1879

{*Undertaker,* John C. Jordan

Place of Business, 63 Park Avenue

W W Sutton M.D.

Medical Attendant.

Address, 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 3 1879

CERTIFICATE OF DEATH.

Date of Death, June 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Adams

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Univ. of Md. Hospital

Cause of Death First, (Primary,) Pleuritis Pulmonalis

Second, (Immediate,) Dis. of Heart & Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, June 2 1879

Undertaker, Fred C. Kachner

Place of Business, 50 S. Carrollton Ave.

F. B. Brune M. D.
Medical Attendant.

Address, Univ. of Md. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st '79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Beer

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 43 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Heart Dis Organic & valvular
Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, June 2, 1879

{ Undertaker, Fred. B Kercher
Place of Business, 50 S. Carroll Row Alley

T B Bruce M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba[illegible]

Board of Health, City of Baltimore,

Permit No. 32421

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Stones

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 190 Cross St

Cause of Death, First, (Primary,)

Second, (Immediate,) Hydrocephalus

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, St Johns RC Cem Prr

Date of Burial, June 4th

Theodore Cook M. D.
Medical Attendant.

Undertaker, W B Hearle

Place of Business, No 411 Light St

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

Permit No. 32422

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JUN 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Hand

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 21 *Months,* 6 Mons. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No. 9 E. Lombard St

Cause of Death First, (Primary.)

Second, (Immediate.) Premature Birth

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, No. E. Cemetery Phila Road

Date of Burial, June 3rd, 1879

Undertaker, Fry & Bro.

Place of Business, 54 n Broadway. *Address,*

W. Keyser M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 32423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 8 1879

CERTIFICATE OF DEATH.

Date of Death, June 6th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Benning

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 3 *Years,* 6 *Months,* 16 *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } N. E. Cor Sharp & West Sts.

Cause of Death, First, (Primary.) Indigestion

Second, (Immediate.) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial June 7th 79

J. H. Smith *M. D.*
Medical Attendant.

Undertaker, P. J. Dill

Place of Business, 183 Columbia Ave.

Address, 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

Permit No. 32424

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johann Conrad Seiss

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 73 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widower

Occupation, retired from active life

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hesse. Darmstadt. 24 years in U.S.

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} 742 W. Baltimore Street

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) Dropsical affections

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill park

Date of Burial, 4th June 1879 Cemetery

Undertaker, J. B. Cook

Place of Business, 707 W Baltimore

L. F. Reinhardt M.D.
Medical Attendant.

Address 224 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Pedelicord

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Thirty four 32 *Years,* two (2) *Months,* nine (9) *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Widower

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} South Carolina

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 20 Bartlett lane

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, two

All the above information should be furnished by the Physician.

Place of Burial, Laudenpark cemetery

Date of Burial, June 4th 1879

Undertaker, H B Woods

Place of Business, No 707 W Baltimore street

M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 4 1879

Date of Death, June 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Bryden

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 24 Thames St.

Cause of Death {First, (Primary,) Catarrh fever

{Second, (Immediate,) Convulsions

Duration of last Sickness, 48 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 5th 1879

Undertaker, Haughton & Co

Place of Business, 165 S Broadway

R. W. Mansfield M. D.
Medical Attendant,

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi[illegible]

Board of Health, City of Baltimore,

Permit No. 32627

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

Date of Death, June 2nd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno Bailey

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Two (2) *Years,* [illegible] *Months,* [illegible] *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } [illegible]

Occupation, [illegible]

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, 2 y 13.

Place of Death, { Give street and number } 46 Stockholm

Cause of Death, { First, (Primary.) [illegible] Second, (Immediate,) Marasmus

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, ~~Balto County~~ Pub. Cemetery

Date of Burial, June 4th 1879

Undertaker, or ~~Estate of Bailey~~ F. A. Keplinger

Place of Business, 415 Stockholm St *Address,* 410 Scott St

Jno D Blunt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 32428

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 4 1879

CERTIFICATE OF DEATH.

Date of Death, June 3/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Gerseckel

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 14 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 231 Alice ann St. near Bethel

Cause of Death {First, (Primary,) .....
Second, (Immediate,) Convulsions.

Duration of last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, June 4th 1879.

Undertaker, Leonhard Burr

Place of Business, S. Bond Street cor. Fell

Jno. H. Richberger M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 32429

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Neba / Sallie E. Neba / Parents

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~ *Years,* ~~ *Months,* 9 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} # 319 N. Eden St. Baltimore

Duration of Residence in the City of Baltimore, 9 hours

Place of Death, {Give street and number} # 319 N. Eden

Cause of Death, First, (Primary,) Premature birth

Second, (Immediate,) Exhaustion

Duration of last Sickness, 9 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 4 1879

Undertaker, Geo Schulling

Place of Business, Monument & Mosaic Works *Address,* 305 N. Caroline St.

Geo A. Harlan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 22430 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Bech

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 Years, 3 Months, 1 Days.

Color, White *Sex,* Female

~~Married~~, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, lived with her daughter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 3 4 years

Place of Death, {Give street and number.} No. 9 Thatcoat Street

Cause of Death, First (Primary,) cancer of uterus

Second (Immediate,) "

Duration of Last Sickness, about two & a half years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 5th 1879

Undertaker, Walter Immel

Place of Business, 252 W. Baltimore

P. T. Schlosser M. D.
Medical Attendant.

Address 146 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 32431

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT JUN 4 1879 BALTIMORE

Date of Death, June 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John McElroy.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Three *Years,* Eight *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 46 Chestnut st

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 6 1879

Undertaker, James D Byrne

Place of Business, No 63 N Front st

A. P. P. Coates *M. D.*

Medical Attendant.

Address 103 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

Date of Death, June 3. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard P Smith

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick County Md.

Duration of Residence in the City of Baltimore, Life years

Place of Death, {Give street and number} Fort Lington Avenue

Cause of Death {First, (Primary,) Bright's disease

Second, (Immediate,) Uraemia

Duration of last Sickness, unknown — of attendance 11 days

All the above information should be furnished by the Physician.

Place of Burial, Frederick M. D.

Date of Burial, June 5th 1879

Undertaker, John J Andrew

Place of Business, 164 & 166 Druid Hill Ave

Wesley Brewer M. D.
Medical Attendant.

Address, 58 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Transit 1416

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32433

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPART JUN 4 1879 BALTIMORE

Date of Death, June 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Woods

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, 51 *Years,* ..... *Months,* ..... *Days*

Color, Colored

~~Married,~~ ~~Single,~~ ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Labor

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 57 East St

Cause of Death, {First (Primary,) Bright's Disease

{Second (Immediate,) .....

Duration of Last Sickness, 6 month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, June 4th 1879

{*Undertaker,* Wm H Dunger

{*Place of Business,* 62 East st

E. B. Fenby M.D.
Medical Attendant.

Address, 319 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32434

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Edward Cassell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1. — Years 6. — Months, 1. — Days.

Color, (Col) *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 36 Jordan alley Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 36 Jordan alley Balto.

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Acute Hydrocephalus

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 3 1879

Undertaker, Wm H. Bishop Jr

Place of Business, 97 Druidhill Av

Sam'l Fulton M. D.
Medical Attendant.

Address No 134 Carlet Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32435

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis A. Everman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 28 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 285 South Charles St

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balti. Cemetery

Date of Burial, June 6 1879

Undertaker, Henry Brisle

Place of Business, Henrietta St, Bal

Thos Morris *M. D.*
Medical Attendant.

Address 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUN 4 1879 BALTIMORE

Date of Death, June 4th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Guy Streems

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, Col

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Nun

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 408 E Madison

Cause of Death, First, (Primary.) Unknown

Second, (Immediate,) Natural

Duration of Last Sickness, Found dead. Was never sick

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial, June 4th 1879

Edmund Walker M. D.
Medical Attendant.

Undertaker, Patrick Mullin

Place of Business, 67 Caroline *Address,* Boro Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

No. 32437

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32437

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Philip Rapkes

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, / *Years,* / *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 50, S. High St.

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate.) Convulsions uremic

Duration of last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Salt Cemetery

Date of Burial, June 5th 79

Undertaker, Chas. L. Bartlett

Place of Business, 169 W. Fayette St.

Shaw B. Auld M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 172

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32438

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 4

CERTIFICATE OF DEATH.

Date of Death, June 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Smith

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 14 *Years,* 11 *Months,* 21 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ~~~~

Place of Death, {Give street and number} No. 24 Warren Av

Cause of Death, First, (Primary.) Enteric Fever

Second, (Immediate.) Asthenieve

Duration of last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Battle Cemetary

Date of Burial, June 6th 1879

Undertaker, Smith & Dorsey

Place of Business, 263 Fast

C. B. Stolle M. D.,
Medical Attendant.

No Local Causes can be discovered in or about the Premises

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 02[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} F. E. Jamison

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Charles Co. Md.

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, {Give street and number} 311 Eutaw [illegible]

Cause of Death, First, (Primary.) Phthisis pulmonalis

Second, (Immediate,) 1

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, June 4th

Undertaker, H. C. Whitehead

Place of Business, 92 Eutaw

Address, 212 W. Baltimore St

F. Frankenstein M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32440.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Ann Kidd

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 4 *Days.*

Color, Colored

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 10 Bramwood Ct between Light & Charles Street

Cause of Death {First, (Primary,) Lockjaw

{Second, (Immediate,) Diarrhoea

Duration of last Sickness, 14 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 5th 1879

Undertaker, Owens & Whitely

Place of Business, 225 S. Eutaw St

John A Ulman M. D.

Address, Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by L. V. Fitzpatrick M.D.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32441

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Shea

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 0 *Years,* 21 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 658 W Pratt St

Cause of Death First, (Primary,) Burns from burning,

Second, (Immediate,) Shock

Duration of last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Odd Fellows Cemetery

Date of Burial, June 6

Undertaker, J B Cook 704 W Pratt

Place of Business,

W M Reguelin M. D.
Medical Attendant.

Address, 90 Lafayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 32442

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A McCue

Sex, Male or Female, {cross out the word not required in this line.}

Age, 55 *Years,* 1 *Month,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 681 N Eutaw St

Cause of Death, First, (Primary,) Softening of Brain

Second, (Immediate,) Paralysis

Duration of last Sickness, About 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, June 5th 1879

Undertaker, J. B. Cook

Place of Business, 1077 N. Balto

Julius Leuthusser M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jackson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* about *Months,* *Days.*

Color, [illegible] *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, [illegible]

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Illinois.

Duration of Residence in the City of Baltimore, 17 yrs.

Place of Death, {Give street and number.} [illegible]

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) [illegible]

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shar[illegible] St Cemetery

Date of Burial, June 5th 1879

Undertaker, Wm. James Gorm

Place of Business, 65 Mulberry St.

[illegible] *M. D.*

Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 5 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kopkish

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 12 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laiborer (apprentice)

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, {Give street and number.} City Hospital

Cause of Death, First (Primary,) Acute Bright's Disease

Second (Immediate,) Acethemia

Duration of Last Sickness, 7 wks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, June 6th 79

Undertaker, C. W. Thance

Place of Business, 130 Canton Ave

David Streett M. D.
Medical Attendant.

Address City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Lyppard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Columbia Pa

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} .....

Cause of Death, {First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, since his birth

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, June 6

{*Undertaker,* John Feufel

Place of Business, 616 W. Balto. St.

A. Albers M. D.
Medical Attendant.

Address 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Purcell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 394 S Sharp st

Cause of Death, {First (Primary,) Tismus Nascentium

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 5th 1879

Undertaker, James Purcell

Place of Business, 394 Sharp St

J. C. Burch ..... M. D.
Medical Attendant.

Address 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

For Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 5 1879 BALTIMORE

Date of Death, June 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henderson't Caroline Jackson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female (Parents

Age, ~~5 months~~ Years, five (5) Months, F Days.

Color, Colored

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ann Arundel

Duration of Residence in the City of Baltimore, seven weeks

Place of Death, {Give street and number} 566 Light St.

Cause of Death, First, (Primary.) Infantile Diarhoea

Second, (Immediate.) Exhaustion

Duration of last Sickness, 5 days -

All the above information should be furnished by the Physician.

Place of Burial, A. A. Co. Md

Date of Burial, June 5th 1879

R. B. Fishburne M. D.
Medical Attendant.

Undertaker, B. Heard

Place of Business, Light St *Address,* 564 Light St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32[illegible]8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Farrel Fleming

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 54 *Years,* 1 *Months,* 19 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number} 52 S. Monroe st

Cause of Death, First, (Primary,) Burned to death

Second, (Immediate,)

Duration of last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, June 6th 1879

James Bailey M. D.
Medical Attendant.

Undertaker, B. M. Leonard Son

Place of Business, 782 W. Baltimore *Address,* 319 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 32449

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPT. OF HEALTH 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Child of Henry and Regina Levy

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ~~Years,~~ ~~Months,~~ One Days.

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balti. Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 71 Hollins St

Cause of Death, { First, (Primary,) Second, (Immediate,) } Premature Birth (6 months)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shel Shalom

Date of Burial, June 5th 79

H. L. Levin M. D.
Medical Attendant.

Undertaker, Wm. Eland

Place of Business, 101 Gough St *Address,* 379 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 32450

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32450

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Ruenn

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* One *Months,* Twenty Five *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} N. E. Cor. Fayette & Washington Sts

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, June 5th 1879

Wm H Cudmen, M. D.
Medical Attendant.

Undertaker, Fay & Bro

Place of Business,

Address, No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32451

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th June 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Rosa Klitt

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

~~*Age,* ..... *Years,*~~ 7 weeks ~~*Months, Days.*~~

Color, W.

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 58 Johnson St

Cause of Death {First, (Primary.) Cholera Infantum

Second, (Immediate,) Spasms & Meningitis

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 6th

Undertaker, Henry Brice

Place of Business, Henrietta 81 *Address,*

Augustus McDodd M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 1879 BALTIMORE

Date of Death, June 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mariah Hoggett,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 6 Pierce st.

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) " "

Duration of Last Sickness, 2 Months.

All the above information should be furnished by the Physician.

Place of Burial, Sharpt St Cemetery

Date of Burial, June 5. 1879

Undertaker, S. W. Chase

Place of Business, 198 S. Howard St *Address* 98 N Greene st.

Josh D Pennington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32483

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Edga Flan

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 18 *Months,* 20 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No 5 Brewers alley

Cause of Death { First, (Primary,) Phthisis
Second, (Immediate,) .....

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 5 1879

{ *Undertaker,* Nathan Cadogan
Place of Business, 227 Mulberry St

H S Bonn M. D.
Medical Attendant.

Address, Northwestern Dispy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 32454

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32454

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th June 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmond L Roche

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 214 Mulberry

Cause of Death, First, (Primary,) Hemorrhage from bowels

Second, (Immediate,) Inflammation of bowels

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, June 6th /79

Undertaker, C F Kranke

Place of Business, 209 Hanover

H W Nebolt M. D.
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[9V4h.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 5 1879 BALTIMORE

Date of Death, Jan 30 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ises Fagerser

~~Sex~~, *Male or Female,* { cross out the word not required in this line. }

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bald

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Cor Chs & Hanover

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Cerebral Spinal Meningitis

Duration of last Sickness, 12 Ds,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 5th 79

Undertaker, C F Krause

Place of Business, 209 Hanover

A. McDodge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUN 5 1879 BALTIMORE

Date of Death, June 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Louisa Mongrain

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 11 *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 10 Mos.

Place of Death, {Give street and number} 14 H Crop St

Cause of Death {First, (Primary,) Dentition

Second, (Immediate,) Convulsions

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Shambersburg Franklin Co Pa

Date of Burial, June 6th 1879

Undertaker, Julius Koehler

Place of Business, Masser Cross & Address, 315 Light St

R. F. & P. Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Trans 1417

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUN 1879 BALTIMORE

Date of Death, June 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Rose Gash

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 28 *Days.*

Color, cl

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, Her entire life

Place of Death, {Give street and number.} 54 Eoing alley

Cause of Death, {First (Primary,) Cholera infantum / Second (Immediate,) do

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 6th 1879

W. Hammond M. D.
Medical Attendant.

Undertaker, P. Kummel

Place of Business, Mulberry St

Address 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32408

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th. June. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Metta [redacted] Normann

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* — *Days.*

Color, white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Emden, Germany

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, {Give street and number.} S. Wolfert. Nro 54.

Cause of Death, {First (Primary,) / Second (Immediate,)} Tuberculosis Pulmonum

Duration of Last Sickness, 7 months.

All the above information should be furnished by the Physician.

Place of Burial, Salt Pauls Cem

Date of Burial, June 6th 1879

Undertaker, C. Eckhard

Place of Business. 269 Canton Ave

Thos. William Henkel M. D.
Medical Attendant.

Address S. Wolfert. 117.

32411

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Concannon

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} female

Age, 68 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married — widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} County Roscommon Ireland

Duration of Residence in the City of Baltimore, 16 years.

Place of Death, {Give street and number.} 54 Albemarle St —

Cause of Death, First (Primary,) Febris Intermittens — Complicated by Asthma & Aortic Disease

Second (Immediate,) Exhaustion —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, June 6 1879

Undertaker, James F. Byrne

Place of Business, No 63 n Front St

B. F. Grove M.D.
Medical Attendant.

Address —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 32460

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 6 1873 BALTIMORE

Date of Death, May 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Cleveland

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 *Years,* 3 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——.

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cuba

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} U. S. C. Hospital

Cause of Death, First, (Primary.) Malnutrition

Second, (Immediate,) Asthenia

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 2

Undertaker, C. H. Pyzard

Place of Business, 201 Penn ave

T. A. Aubel M. D.
Medical Attendant.

Address, 82 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 32461

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

32459

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Newton

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ~~Years,~~ 5 weeks ~~Months,~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~Duration of Residence in the City of Baltimore~~

Place of Death, {Give street and number} Nurse & Childs Hospital

Cause of Death, First, (Primary,) ~~Cause of Death~~

Second, (Immediate,) Collapse

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 4

Undertaker, C H Blizard

Place of Business, 201 Penn Ave

J E Atkinson M. D.
Medical Attendant.

Address, 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[97 4h.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32462

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th. June 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emy Heinlein

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. Ann street No 129

Cause of Death, {First (Primary,) / Second (Immediate,)} Meningitis cerebro, spinalis inflamat.

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Felt st. Cemetery

Date of Burial, June 6th "

Undertaker, Wendelin Dippel

Place of Business, S. Bond st. 151

William Henkel M.D.
Medical Attendant.

Address S. Wolfe st. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

No. 32463

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac. Carter

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 32 — Years, 6 Months, — Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Genl Labourer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} A. A. Co Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} N 45 Stockholm

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, June 6th 1879

Undertaker, F. A. Kercheval

Place of Business, 50 S. Carrollton Ave

Dr D Blake M. D.
Medical Attendant.

Address, 44 Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 32464

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 32464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lee Fuller

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number} 254 E. Pratt St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Measles

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 6th 1879

Aug. H. Ens M. D.
Medical Attendant.

Undertaker, M. Frazier

Place of Business, Canton Ave *Address,* Pt. & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 32465

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN
6
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Bowers

Sex, Male or Female, {cross out the word not required in this line.} — Female —

Age, Nine *Years,* 2 *Months,* — *Days.*

Color, Mulatto

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 61 Lancaster st

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, St. Ursulas Cem

Date of Burial, June 7th '79

Undertaker, C. W. Bance

Place of Business, 200 Gay (Ext)

Thomas R. Evans M. D.
Medical Attendant.

Address, 22 Duke of Glace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32466,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hays, Johnson,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, Colored.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 8 Benford St

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,) Exhaustion,

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery,

Date of Burial, June 6th 79.

Undertaker, Abraham Hayman,

Place of Business, 13 Saratoga St.

J. R. Chamberlain M. D.
Medical Attendant.

Address 141 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32467

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5: 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 6 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death First, (Primary.) Congenital Syphilis

Second, (Immediate,) Asthenia

Duration of last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 6. 1879

Undertaker, Saml Bowser

Place of Business, 156 Division St

Martin Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George James.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71. *Years,* — *Months,* — *Days.*

Color, White. *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Always.

Place of Death, {Give street and number.} 153 Aisquith Street.

Cause of Death, First (Primary,) Cancer of Stomach.

Second (Immediate,) " "

Duration of Last Sickness, Several Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 8th/79

Undertaker, Geo. Schilling

Place of Business, 45 Holland Lyman

Henry L. Byrd M. D.
Medical Attendant.

Address 139 Aisquith St.
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos Hardman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, about 60 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} don't Know

Duration of Residence in the City of Baltimore, don't Know

Place of Death, {Give street and number} 296 Cross St.

Cause of Death { First, (Primary,) — Second, (Immediate,) Age and general debility don't Know

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, N. Public Cemetery

Date of Burial, June 6th 1879

Undertaker, F. A. Kirchner

Place of Business, Carrollton Av *Address,* Hanover & Barre Sts

R. G. Lee M. D.
Medical Attendant.

N. W. cr Coroner's Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} L. T. Williamson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 5 *Years,* 7 *Months,* 5 *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Real Estate Agent

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 149 McCulloh St.

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) General breaking up from first Cause

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 7th June 1879

Alfred Hughes M. D.
Medical Attendant.

Undertaker, H. H. Jenkins Son

Place of Business, & 16 Light St. *Address* 234 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Physicians are respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace B. Turner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* five *Months,* 18 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 256 E. Fayette St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Encephalitis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 7/79

Undertaker, Fry & Bro

Place of Business, 37 N. Broadway *Address* 105 N. Central Avenue

Francis A. Sauer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 32472

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 7 1879 BALTIMORE

Date of Death, June 6 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Hemm

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 12 Hudson Court

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion Consequent upon Croup

Duration of last Sickness, 1 week Croup

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, June 8th 1879

Undertaker, Peter Kenmott

Place of Business, 370 Mulberry St. *Address,* 18 McCulloh St.

Martin Bernet *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK 21

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 32473

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 7 1879 BALTIMORE

Date of Death, June 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Emerich

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Constable

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number} 61 Stockton St

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Uremia

Duration of last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 8th 1879

Undertaker, Wm E. Chenoweth

Place of Business, Mosher & Ave *Address,* 20 W Baltimore St

H. Stinchcomb *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 32474

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha M. Mitchell

Sex, Male or Female, {cross out the word not required in this line.}

Age, 8 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Indiana

Duration of Residence in the City of Baltimore, 5 years.

Place of Death, {Give street and number} 166 N. Caroline St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Congestion Angina

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 7th 1879

Dr. H. Eyth M. D.
Medical Attendant.

Undertaker, Ely & Bro

Place of Business, Broadway *Address,* 94 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Warden

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 8 *Months,* 28 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 9 W 2d St. Point St.

Cause of Death, First (Primary,) ....

Second (Immediate,) Cholera Infantum.

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cem.

Date of Burial, June 8. 1879

{*Undertaker,* Philip J. Dill

{*Place of Business,* 183 Columbia Ave

Pembroke W. Wurdeman M. D.
Medical Attendant.

Address 613 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 82476

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6 . 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Hafter

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number} 82 Albemarle

Cause of Death { First, (Primary,) Confederate Fever
Second, (Immediate,)

Duration of last Sickness, 30 Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 8th

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

Jno C Donnell **M. D.**
Medical Attendant.

Address, 229 Fell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 32477

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 7 1879 BALTIMORE

Date of Death, June 5. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Logan

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 102 S. Exeter ste.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemty

Date of Burial, June 7 1879

Undertaker, Jas P Byrne

Place of Business, 63 Front st

J. J. Litzer M. D.
Medical Attendant.

Address, 160 Saratoga ste.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E L Granger

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ Years, 7 Months, ____ Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 54 St Peters street

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) ____

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 8th 1879

Undertaker, James P Byrne

Place of Business, No 63 So Front St

A Darling M. D.
Medical Attendant.

Address, 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Bennard

Sex, Male or Female, {cross out the word not required in this line.}

Age, Sixty-six *Years,* *Months,* *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, Still—eight years

Place of Death, {Give street and number} No 7 Richardson

Cause of Death {First, (Primary,)} {Second, (Immediate,)} Chronic disease of stomach & Bowels

Duration of last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 7th 1879

Undertaker, Wm James Gray

Place of Business, 65 Mulberry st

J. McKeown M. D.
Medical Attendant.

Address, 69 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32480

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fidrick Guggenheimer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* — *Months,* — *Days.*

Color, White. *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Born in Bavaria, the United States thirty one years

Duration of Residence in the City of Baltimore, twelve years

Place of Death, {Give street and number.} No Fayette 627.

Cause of Death, First (Primary,) General Paralysis of Insane

Second (Immediate,) Exhaustion from Mania.

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Ground on Bush Road

Date of Burial, June 8/79

Wm H. Litsen M. D.
Medical Attendant.

Undertaker, Hughes & G

Place of Business, 650 N. Fayette St *Address* 141 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 32481

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th. June 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marguerite Babette Franz

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 36 *Years,* 10 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Bayreuth Bavary, Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number} S. Wolfe St. 127

Cause of Death, First, (Primary.) Phthisis pulmonalis

Second, (Immediate.)

Duration of last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, 8 June 10 O'clock

Undertaker, Henry Sander

Place of Business, 1 Fountain St.

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 32482

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Marmaduke Hynd

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, White

~~Married~~ Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, News Dealer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto " "

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} N. E. cor Balto & Wolf

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, June 7, 1879

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

J. E. Chataud Jr. M. D.
Medical Attendant.

Address, 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. ~~113~~

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32483

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James. Brown

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Boatswain U. S. N

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 270 E. Biddle St

Cause of Death, First, (Primary,) Rheumatic Gout

Second, (Immediate,) General Debility

Duration of last Sickness, 5 years Not so Bad only 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 9th

H. B. Stolle M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Eastland Square *Address,* 17 Hanover av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 32484

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Baker

Sex, Male or ~~Female~~, {cross out the word not required in this line.} M

Age, 53 *Years,* ..... *Months,* ..... *Days.*

Color, Col

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.} .....

Occupation, Any thing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 48 Years

Place of Death, {Give street and number} 339 Preston St

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) .....

Duration of last Sickness, Some Time

All the above information should be furnished by the Physician.

Place of Burial, Shap St Cemetery

Date of Burial, June 7th 1879

W W Watkins M. D.
Medical Attendant.

Undertaker, Edwin A Gardner

Place of Business, 28 Pitt St

Address, 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

...pecially invited to the remarks below, and to LIST of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Alexander Parrance

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* *Days.*

Color, Negro *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto: City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} No 2 Mulberry St Balto.

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,)

Duration of Last Sickness, 2 & 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laboring Cemetery

Date of Burial, June 8th

Wm. H. Daniels M. D.
Medical Attendant.

Undertaker, A. Hayman

Place of Business, 13. Saratoga St. *Address* 87 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 32486

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Možiš

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 6 3 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bohemia (Austria)

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number} No 123 N Washington st

Cause of Death, First, (Primary,) —

Second, (Immediate,) Pneumonia

Duration of last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 9

L. D. Winternitz M. D.
Medical Attendant.

Undertaker, John Henning

Place of Business, 282 Orleans St Address, 12 S. Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

No. 32487

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Barrett

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 22 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 176 Ramsey St.

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Lorraine Park Cemetery

Date of Burial, June 8

Undertaker, J B Cook

Place of Business, 707 W. Pratt St. *Address,* 558 W. Dayton St.

John Tyss M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

ℒ SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ethel Phillips

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 274 Townsend St

Cause of Death, First (Primary,) Inanition

Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 8th 1879

W. K. Warren *M. D.*
Medical Attendant.

Undertaker, S. M. Leonard & Son

Place of Business, 152 W. Baltimore

Address Townsend & Fleet Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 32489

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Hill

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 *Years,* 10 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } N.E. Cor O'Donnell & Patterson Av

Cause of Death, { First, (Primary,) Dentition

Second, (Immediate,) Eclampsia

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 9

Undertaker, Franklin Diehl

Place of Business, Bond St 151

E. J. McHenry M. D.
Medical Attendant.

Address, 7 Patterson Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Naumann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* 8 *Months,* 27 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 63 N. Spring St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, June 8th 1879.

Undertaker, J. L. Manning

Place of Business, 7. O'Henry St

Francis A Sauer M. D.
Medical Attendant.

Address 105 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 32491

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32491

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8th June 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Myers

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, one month

Place of Death, {Give street and number} 116 Hanover st

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Lexington Ky

Date of Burial, June 10. 1879

Undertaker, H. A. Daiger

Place of Business, 74 S. Broadway

H. W. Webster M. D.
Medical Attendant.

Address, 57 Bunn st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 32492

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David G Gwinn

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number} 59 N. Fulton St

Cause of Death {First, (Primary,) Paralysis

{Second, (Immediate,)

Duration of last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Alexandria Va

Date of Burial, June 9th 1879

Undertaker, Hughes Bro

Place of Business, 550 W Fayette St

Thomas Shearer M. D.
Medical Attendant.

Address, 97 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 32493

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 9 1879

CERTIFICATE OF DEATH.

Date of Death, June 6 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E Johns

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 16 *Days.*

Color, C

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and number} 102 S. Dallas St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas Street Exm

Date of Burial, June 8 1879

J. N. Mallin *M. D.*
Medical Attendant.

Undertaker, Theo. Sicks

Place of Business, 78 Jefferson St *Address,* 133 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 324914

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32494

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Albert McCoy

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, One *Years,* Six *Months,* *Days.*

Color, red

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Union Court No 4

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Scrofulous Pneumonia

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Grove

Date of Burial, June 8th 79

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, Geo. J. Locke

Place of Business, 73 Jefferson St *Address,* 124 n. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 32495

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Sanders.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 28 *Years,* 9 *Months,* 23 *Days.*

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington, D.C. 8 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 35 Warren Ave.

Cause of Death, First, (Primary,) Phthisis Pulmonalis.
Second, (Immediate,)

Duration of last Sickness, about 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Batto Cemetary

Date of Burial, June 10th 1879

Undertaker, Armstrong & Sons

Place of Business, 963 Eighth St

R. J. N. Dall, M. D.
Medical Attendant.

Address, 152 Church St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 32496

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Osborne Foote

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 23 *Months,* 13 *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 232 Baltimore St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 238 Baltimore St

Cause of Death {First, (Primary,) Dysentery

Second, (Immediate,) 7 Days

Duration of last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetary

Date of Burial, June 9th 1879

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

Geo. H. Benson M. D.
Medical Attendant.

Address, 144 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 32497

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas. Carroll

Sex, Male ~~or Female~~, { cross out the word not required in this line. } Male

Age, ~~0~~ 50 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } About 25 Ireland

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, { Give street and number } William Street Dock

Cause of Death { First, (Primary,) Drowned / Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Peters cemetery

Date of Burial, June 9th 1879

Undertaker, L B Cook

Place of Business No 707 W Baltimore Street *Address,* Hanover & Barre Sts

R. C. Lee M. D.
~~Medical Attendant~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 32498

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

JUN 9 1879 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Wilkins Jeffries

Sex, Male or ~~Female~~, {cross out the word not required in this line.} M

Age, 1 *Years,* 3 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 70 Payson St

Cause of Death, First, (Primary.) Brain Disease

Second, (Immediate.)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Ba Cemetery Company

Date of Burial, June 9th 1879 James Bailey M. D.
Medical Attendant.

Undertaker, S. W. Leonard Son

Place of Business, 78 E. W. Baltimore *Address,* 319 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

..., J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 32499

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 32499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Bonadena~~ Catherine McNeill

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.} Female

Age, Fifty Seven *Years,* ——— *Months,* Eighteen *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty Eight Years

Place of Death, {Give street and number} 410 Valley St

Cause of Death, First, (Primary.) Dilatation of the heart

Second, (Immediate,) Exhaustion

Duration of last Sickness, Over a year

All the above information should be furnished by the Physician.

Place of Burial, Bonn Brae

Date of Burial, June 10th, 1879.

Undertaker, W. H. Hickman

Place of Business, 234 N. Gay St.

A. Hartman M. D.
Medical Attendant.

Address, 305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 32500

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A Fanny Price

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 81 S Paca St

Cause of Death, First, (Primary.) Strangulated Inguinal Hernia

Second, (Immediate,) Peritonitis

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 10th 1879

Undertaker, John S Thacher

Place of Business, No 151 Camden St

J A Harris M. D.
Medical Attendant.

Address, 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Fanny 142

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS. [OVER.]

No. 32501

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter Graham

Sex, Male or ~~Female~~, { Cross out the words not required in this line. } Male

Age, 5 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 82 Woodyear St

Cause of Death, { First (Primary,) Diphtheria / Second (Immediate,) " }

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 9th 1879

Undertaker, John Schleicher

Place of Business, No 150 Lemmon St

Thos Opie M.D.
Medical Attendant.

Address, 581 Lexington

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased d the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

No. 32502

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaretta Williams

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, Wh

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

~~Occupation~~,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 158 Atlantic

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Collapse

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, June 10th 1879

Undertaker, John Sapp

Place of Business, No 161 Pratt

Address, 245 S. Attorney

J. Mathews M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 32[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32503

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 9 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred B Wigley

Sex, Male ~~or Female,~~ {cross out the word not required in this line.} .....

Age, ... *Years,* ..... *Months,* 10 *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, June 9th

Undertaker, Blackistin & Son

Place of Business 606 W. Balto. St. *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 32504

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rebecca Buckner

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, — *Years,* — *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 84 Harrison St

Cause of Death, { First, (Primary.) Cephalic Second, (Immediate,) Inanition

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery Pikesville Road

Date of Burial, June 9: 79

Undertaker, M. Goldsmith

Place of Business, 53 N. High St

Address,

Albert B Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32505

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Forrester

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent County, Md. 30 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 103 S Appleton

Cause of Death {First, (Primary.) Cancer of the uterus
Second, (Immediate.)

Duration of last Sickness, Two Years.

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet cemetery

Date of Burial, June 10th 1879

Undertaker, I B Cook

Place of Business, No 707 N Baltimore Street *Address,* 112 N Greene

Louis W. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 32500

Board of Health, City of Baltimore,

Permit No. 32506

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Anne Wilson.

Sex, Male or Female, {cross out the word not required in this line.} Female.

Age, ____ *Years,* 2 *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No 207 N. Dallas St

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Cerebral Hemorrhage.

Duration of last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, June 8 1879

Undertaker, Charles A White

Place of Business, 35 Granby St

Geo F Taylor M. D.
Medical Attendant.

Address, 216 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 32

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amelia Bodney / Geo Wing

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. } Femal

Age, ... *Years,* ..... *Months,* 30 min *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } 35 Allen Ave

Cause of Death { First, (Primary,) Premature birth 7th mo. / Second, (Immediate,) ..... }

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cem

Date of Burial, June 10 1879

Undertaker, Geo T. Doney

Place of Business, Dallas St

Geo. S. Kinnemon M. D.
Medical Attendant.

Address, 732 E Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

No. 32

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louise Hermine Upthoff.

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 *Years,* 3 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number } 96. S. Canal Str.

Cause of Death { First, (Primary,) Diptheria — Second, (Immediate,) Ex — —

Duration of last Sickness, 10 Days — —

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, June 9. 1879

Undertaker, J. L. Koerner

Place of Business, 9 J. & Reads.

L. W. Johnson M. D.
Medical Attendant.

Address, 86 E. Fayette Str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

No. 0

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Blake

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, Colored

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 255 M'Donogh St

Cause of Death {First, (Primary,) Premature Birth

Second, (Immediate,) Asthenia

Duration of last Sickness, all its Life —

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, June 9th 1879

Undertaker, Chas A Phelps

Place of Business, Granby St

Edward A Hamm M. D.

Medical Attendant.

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulter

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Baine

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, African

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 16 Yrs.

Place of Death, {Give street and number} 24 Peach Alley

Cause of Death {First, (Primary,) Morbus Brightii

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Lemmon

Date of Burial, June 8, 1879

Undertaker, S. W. Chase

Place of Business, 18 E. Howard St

R. & P. Ellis — *M. D.*
Medical Attendant.

Address, 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 304 June 8th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Bennett

Sex, Male or Female, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Labor

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 304 Durham st

Cause of Death, First, (Primary,) Phthisis pulmonalis

Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible] 1879

Edmund Pendleton *M. D.*
Medical Attendant.

Undertaker,

Place of Business, [illegible] *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 3[illegible]

Board of Health, City of Baltimore,

Permit No. 32512

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 9 1879 BALTIMORE

Date of Death, June 8th, 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Bowers

Sex, Male or Female, {cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and number} 138 E Madison St

Cause of Death { First, (Primary,) Fibroid tumor

, { Second, (Immediate,) 4 months

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, June 10th

{ *Undertaker,* C. W. Thomas

{ *Place of Business,* 251 E. Balto St

Address, [illegible]

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The ... [illegible] ... to List of Diseases on Back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32513

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JULY 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James W. Brann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Thirty-two *Years,* ——— *Months,* Six *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Border Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Northumberland Co. Va.

Duration of Residence in the City of Baltimore, Nine Years —

Place of Death, {Give street and number.} 211 Montgomery St.

Cause of Death, First (Primary,) Phthisis Pulmonum

Second (Immediate,) Exhaustion

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, June 10 1879

Undertaker, Armstrong & Denny

Place of Business, Light St

Dr. Lancy H Barclay M. D.
Medical Attendant.

Address 24 Cumby St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 32[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Henderson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 382 E. Fayette St

Cause of Death {First, (Primary,) Infantile Marasmus

Second, (Immediate,) — do —

Duration of last Sickness, Nearly all her life

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls' Cem

Date of Burial, June 10th 1879

Undertaker, Henry Bean

Place of Business, Aliceanna St

Wm. H. Thomas M. D.
Medical Attendant.

Address, 84 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert John Henry

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, ... *Years,* 14 *Months,* — *Days*

Color, White.

~~*Married,*~~ *Single, Widow or ~~Widower,~~* {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 70 Altamont St

Cause of Death, {First (Primary,) Meningitis

Second (Immediate,) 3 mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery

Date of Burial, June 10 1879

{*Undertaker,* James P. Byrne

Place of Business, Front St

L. H. Hoch M.D.
Medical Attendant.

Address, 43 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 32

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Wells.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 25 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} No 209 N. Dallas St.

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Puerperal Septicemia.

Duration of last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Bloomingdale Cemetery

Date of Burial, June 10th

Undertaker, Abraham Wayne

Place of Business, 13 Saratoga St

Geo F Taylor M. D.
Medical Attendant.

Address, 210 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32517

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jones

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, 78 *Years,* — *Months,* — *Days.*

Color, Black

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Montgomery County

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number} 42 King St

Cause of Death { First, (Primary,) — Second, (Immediate,) General Debility

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 10th 1879

Undertaker, Wm Samuel Gray

Place of Business, 65 Saratoga St

Edmund C Rivers M. D.
Medical Attendant.

Address, Baltimore Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ca

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8. 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Thomas

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 35 *Years,* 6 *Months,* 4 *Days.*

Color, Colored

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 4 Patapsco Ave

Cause of Death {First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, June 11th 1879

Undertaker, Theodore J Lohs

Place of Business, 73 Jefferson St

Address,

L. Lindau *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on b

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32519

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 10 1879 BALTIMORE

Date of Death, June 9th, 20, clock A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Ann Snoden

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.} Female,

Age, 18 *Years,* ——— *Months,* ——— *Days*

Color, Colored.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Servant.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 128 Ramsey St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St.

Date of Burial, June the 10th

Undertaker, Hercules Ross

Place of Business, 95 Conway St.

Edwin H. Goldsmith M.D.
Medical Attendant.

Address, No. 106 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 3720

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32820

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 10 1879 BALTIMORE

CERTIFICATE OF ~~DEATH~~

Date of Death, June 6th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Goddard Coburg

Sex, Male or ~~Female~~, { cross out the word not required in this line. } Male

Age, 73 *Years,* 4 *Months,* 20 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, Clerk

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and number } Gilmor, N. 39

Cause of Death, { First, (Primary,) Strangulated Hernia

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 10th June 1879

Undertaker, H. W. Jenkins & Son

Place of Business, #16 Eight St.

J. McP. Wolff M. D.
Medical Attendant.

Address 28 Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER)

No. 0

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32521

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUN 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color,

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pollreich (Germanie)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor. John and Valley sts

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, one Day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsas Cemetery

Date of Burial, June 11th 1879

Undertaker, Henry Schultheis

Place of Business, *Address,* Balto

F. Warner *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 32322

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna May Shoote

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 26 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 54 Richmond St

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,) Phthisis

Duration of last Sickness, 18 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 10th 1879

Undertaker, John Thacher

Place of Business, No 150 Lemmon

Geo. W. Bunsel M. D.
Medical Attendant.

Address, 144 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

Permit No. 32523

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Johnson

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, ——— *Years,* Ten *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore "

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 46. Whatcoat.

Cause of Death, First (Primary,) Pleura Pneumonia.

Second (Immediate,) " "

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 11th 1879

Undertaker, C. T. Scriven

Place of Business, N. Eutaw St

A. C. Fox. M.D.
Medical Attendant.

Address, Cor. Fayette & Schroeder Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Fleischer

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 15 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} At 303 Hanover Street

Cause of Death, First, (Primary,) Congenital mortal Constriction of Throat

Second, (Immediate,) Asphyxia.

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 10th 1879

Henry Salyer M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharpe & Leaf *Address,* 165 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 32525

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Thye

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 25 *Years,* 1 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 338 N. Schroeder

Cause of Death, First, (Primary,) Phthisis pulmonalis

Second, (Immediate,) Exhaustion.

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, June 11th 1879 C. L. Buddenhagen M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross *Address,* 116 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32526.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9. 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Denny Cagen

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 1st June *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 1/ North St Alley.

Cause of Death { First, (Primary,) Phthisis. Second, (Immediate,) —

Duration of last Sickness, 12 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, June 10 1879

A. C. Ireland M. D.
Medical Attendant.

Undertaker, Charles A White

Place of Business, 35 Granby st

Address, Coroner E. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bahnken

Sex, Male or ~~Female~~, {cross out the word not required in this line.} M

Age, 28. *Years,* 8 *Months,* 10 *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Basket Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hamburg Germany

Duration of Residence in the City of Baltimore, 9 Years.

Place of Death, {Give street and number} 65 S. Bethel St.

Cause of Death {First, (Primary,) Gall Stone

{Second, (Immediate,)

Duration of last Sickness, 19 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Meyers Grave Yard

Date of Burial, June 11

Louis C. Dyhorn M. D.
Medical Attendant.

Undertaker, Jacob Gemmenth

Place of Business, 244 Lexington *Address,* 226 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32328

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F McTilton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Harford Co Md

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} N W Cor Charles & Thacker Sts

Cause of Death, First (Primary,) Cystitis

Second (Immediate,)

Duration of Last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Glenwood Md

Date of Burial, June 11th 1879

Undertaker, Thos S Hughes

Place of Business, 64 E. Baltimore St 1238 Madison ave

W. J. Murdock M. D.
Medical Attendant.

Address 80 Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transcript 14 Ward

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Anderson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 90 *Years,* — *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, about 25 Yrs

Place of Death, {Give street and number} 114 N. Bond St

Cause of Death { First, (Primary,) — Second, (Immediate,) Senile Decay

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, June 11th 1879

Undertaker, Geo G Wright

Place of Business, 114 E Balto

Address,

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 0 21

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32,531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William M. Bartenstein

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 *Years,* 10 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 69 Burke Street

Cause of Death, First, (Primary.) Pseudo Membranous Croup

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, June 10. 1879

Undertaker, H. A. Dauer

Place of Business, 74 S. Broadway

Chas O'Shane M. D.
Medical Attendant.

Address, 69 O. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 32531

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 10 1879 BALTIMORE

Date of Death, June 9th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Staton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 17. *Years,* 2 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 112 N. Royster St

Cause of Death, { First (Primary,) Disease of the Brain

Second (Immediate,)

Duration of Last Sickness, Has been sick for years

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, June 11th 1879

Undertaker, H. Frodrich

Place of Business,

F. J. Wiles M. D.
Medical Attendant.

Address 24 Cathedral St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 32534

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Brothers

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.}

Age, ... *Years,* 1 *Months,* 15 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 1 year 11 months & 15 days

Place of Death, {Give street and number.} 164 Sterling St

Cause of Death, {First (Primary,) Edema infantum

{Second (Immediate,) ——

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 11th 1879

{*Undertaker,* W. M. Dimple

{*Place of Business,*

E C Jordan M. D.
Medical Attendant.

Address, 120 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Simons Brynard

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 24 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 51 Park Ave

Cause of Death, {First (Primary,) Intervention Meningitis / Second (Immediate,) Convulsions

Duration of Last Sickness, 12 hours

All the above Information should be furnished by the Physician.

Place of Burial, Lauden Park Cemetery *Chas. W. Wolbert* M. D.

Date of Burial, June 11th 1879 Medical Attendant.

Undertaker, H B Loch *Address* 335 N Londondale

Place of Business, No 707 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 32

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Brady

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} F

Age, 40 *Years,* ____ *Months,* ____ *Days.*

Color, C

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} ____

Occupation, Nc

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} Nc 9th st Lane "

Cause of Death, First, (Primary.) ____ Second, (Immediate,) Carbuncle neck

Duration of last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 12. 1879

J H Latham M. D.
Medical Attendant.

Undertaker, S H Shaw

Place of Business, 73 Saratoga st *Address,* 73 Fremont st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...st Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 32535

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Schreiber

Sex, Male or Female, { cross out the word not required in this line. } ~~Male~~ Female

Age, 94 *Years,* × *Months,* × *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, ~~House Keeping~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, { Give street and number } No 11 Lancaster Street

Cause of Death { First, (Primary,) Cholera Morbus / Second, (Immediate,) Collapse

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, June 11th

A Friedenwald M. D.
Medical Attendant.

Undertaker, J Henry Linder

Place of Business, 252 Eutaw ~~St~~ *Address,* 88 n Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 32

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32,536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ralph Lumbleson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 4 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Ever since birth

Place of Death, {Give street and number} 43 S. Paca St.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Enteritis

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 11th 1879

G. G. Cusk M. D.
Medical Attendant.

Undertaker, Vaughn & Lee

Place of Business, 65 S Broadway *Address,* Balt. & Md Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johannah Skelly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — — — *Years,* Three *Months,* Five *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, — — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} America Balto. Federal ave 14

Duration of Residence in the City of Baltimore, Three Month. 5 days

Place of Death, {Give street and number.} No 3 Graham st. Enteric Colitis

Cause of Death, First (Primary,)

Second (Immediate,) Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 11th 1879

Undertaker, Jas McGinnis

Place of Business, Lombard St *Address* Cor Fayette & Wiloughby

J. E. Gorsuch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Whittington

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 618 E. Charles

Cause of Death, {First, (Primary,)

{Second, (Immediate,)} Insanitation

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, June 11th 1879

Gordon Cote M. D.
Medical Attendant.

Undertaker, John L Hoacher

Place of Business, No 150 Cameron

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday ~~May~~ June 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Edward Saunders

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.} Male

Age, *Years,* 18 *Months,* — *Days.*

Color, Negro

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and number.} 21 Davis St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Inanition.

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laud Cemetery

Date of Burial, June 11th

Undertaker, Abraham Wasman

Place of Business, 13 Saratoga St

Address 51 N. Howard St

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32540

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Samison

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.} Female

Age, — *Years,* 1 *Months,* 5 *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor (N W) Poppleton & Lexington

Cause of Death, {First (Primary,) Scarlatina Maligna

Second (Immediate,) " " "

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, June 11th 1879

Undertaker, W B Cook

Place of Business, No 707 N Baltimore Street

Thomas O'Sie M.D.
Medical Attendant.

Address, 581 Lexington

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32571

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Amelia Bowers

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, —— *Years,* 9 *Months,* 17 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~; {Cross out the words not required in this line.} Single

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 9 mo 17 days

Place of Death, {Give street and number.} S. W. Cor Arlington Av. & Mulberry St

Cause of Death, First (Primary,) ——

Second (Immediate,) Meningitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 12th 1879

Undertaker, J. B. Loch

Place of Business, 1707 W. Baltimore Street

J. A. Gillis M.D.

Medical Attendant.

Address, 150 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Avarina Caldwell

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 19 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md Balto Co

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 413 N. Dallas St

Cause of Death First, (Primary,) Malnutrition

Second, (Immediate,) Chol Infantum

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cem'y

Date of Burial, June 12th 1879

Undertaker, The. J. Locke

Place of Business,

James H. Lemmon M. D.
~~Medical Attendant.~~

Address, Coroner's Office
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd. John E. Boulden

[OVER.]

KODAK SAFETY FILM

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 32573

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Law

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ++

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Annarundel Co. Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number} 213 Jefferson Street

Cause of Death First, (Primary,) Chronic Recurrent Melancholia

Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 11 1879

Undertaker, James P Byrne

Place of Business, N° 63 n Front St

James E. Donnelly M. D.
Medical Attendant.

Address, 299 E Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Bartmyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} Lambert St 116

Cause of Death, First (Primary,) Typhoid

Second (Immediate,) Exhaustion

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery John A. Smith, *M. D.*

Date of Burial, June 12th Medical Attendant.

Undertaker, Wm Burke

Place of Business, as Burke, *Address* N E Cor Eng & Edm

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32516

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH STATION JUN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Miller

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ... *Years,* 1 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 169 S. Madeira alley

Cause of Death { First, (Primary,) Pneumonia ; Second, (Immediate,) convulsions

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Bald Cemetery

Date of Burial, June 12 1879

Undertaker, H. Hoelscher

Place of Business, —

H. O. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gracie Duncan & Infa Robinson

Sex, ~~Male or Female,~~ {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 4 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 31 Stockholm St

Cause of Death {First, (Primary,) Unknown

{Second, (Immediate,) convulsions

Duration of last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Ut Pub. Cemetery

Date of Burial, June 11th 1879

Undertaker, H. A Kerchner

Place of Business, ...

James A Steen M. D.

[redacted]

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

examined by Jas. Vance ast Sanitary Inspector

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32547

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Layman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Sweden.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} University Hospital

Cause of Death {First, (Primary,) Pleuritis Pulmonum Pneumonia

{Second, (Immediate,) Gangrene of Lung & Interstitial Nephritis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wes Public Cemetery

Date of Burial, June 10 1879

Undertaker, Fred A Kirchner

Place of Business, 50 S Caroll Ave

F. R. Brune M. D.
Medical Attendant,

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

931, J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 5 P.M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Skinner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 11 Months, / Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 27 Ironsides alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 27 Ironsides alley

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 10th 1879

Undertaker, Wm. P. Dungee

Place of Business, B-10 Stocton, st

M K Warren M. D.
Medical Attendant.

Address Townsend & Stockton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 June 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Baley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 8 Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Rice nr 5

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 25 Morris alley

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, June 10th 1879

Undertaker, Wm A Bunge

Place of Business, No 10 Hoelon, st

Mck Warren M. D,
Medical Attendant.

Address Cor Lovenand & Stricker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32550

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 11 1879 BALTIMORE

Date of Death, June. 11th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary. Kahn

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bast.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 206 ~~Holbrook~~ German St.

Cause of Death {First, (Primary,) Bronchites. ~~defus~~ capillary

Second, (Immediate,) Bright. dezease

Duration of last Sickness, 2 Hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, ~~Sunday~~ June 12

Undertaker, Peter Kummert

Place of Business, No 317 Mar[illegible]

Louis Kahn M. D.
Medical Attendant.

Address, 225 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32851

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE

Date of Death, June 10th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jefferson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Five *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 119 Chestnut alley

Cause of Death { First, (Primary,) Dropsy
Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 11th 78

Undertaker, J. A. Wayman

Place of Business, 12 Saratoga St

Albert Stephens M. D.
Medical Attendant.

Address, North Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 6

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 32852

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ..t, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ..oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Griffin

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 4. *Years,* 6. *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 19 S. Bruce St.

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) .....

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, June 11th 1879

Undertaker, I. A. Cook

Place of Business, No 707 West Baltimore Street

J. G. Lin... M. D.
Medical Attendant.

Address, 784 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0742.]

Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 32633

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June, ~~May~~ 10th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara S. E. Saulner,

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, / *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 304 Sharp St.

Cause of Death { First, (Primary,) Second, (Immediate,) } Cholera Infantum

Duration of last Sickness, two days.

All the above information should be furnished by the Physician.

Place of Burial, Germn Luthrn. Druidhill Park

Date of Burial, June 12th 1879

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32,537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hirsch Rose

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 63 - 1 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Europe (Hungary)

Duration of Residence in the City of Baltimore, 43 years

Place of Death, { Give street and number. } 148 W Lexington St

Cause of Death, { First (Primary,) Second (Immediate.) } General Debility

Duration of Last Sickness, 6 m 8 days

All the above information should be furnished by the Physician.

Place of Burial, Chev Shalom Hanover & Lee

Date of Burial, 12th June

Undertaker, Wm Murray

Place of Business, Hanover St

D. N. Levin M. D.

Medical Attendent.

Address 186 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32555

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN

Date of Death, June 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bolivar Daniels Gonzagar

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 10 *Months,* *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} X

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 191 Tyson St.

Cause of Death, {First (Primary,) Dentition

Second (Immediate,) Effusion in Arachnoid Tubrich—

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Laurel~~ Cemetery.

Date of Burial, June 11. 1879.

J. E. Lindsay *M. D.*
Medical Attendant.

{*Undertaker,* [illegible]

{*Place of Business,* [illegible] *Address* 159 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 32556

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Kennedy

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, 65 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, All 30 yr

Place of Death, {Give street and number.} 6 Bank St

Cause of Death, {First (Primary,)} Paralysis

{Second (Immediate,)}

Duration of Last Sickness, All 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 11 1879

Undertaker James P Byrne

Place of Business, No 631 E Fayette St

Geo. L Kenney M. D.
Medical Attendant.

Address, East Dec

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas N. Thompson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 80 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 161 N. Calhoun St.

Cause of Death {First, (Primary,) General Debility

Second, (Immediate,)

Duration of last Sickness, 6 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 12th

D. H. Miller M. D.
Medical Attendant.

Undertaker, John E. Brough

Place of Business, 319½ Lemmon Address, 89 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32 558

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Holmes

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Eighty 80 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Sixty Years

Place of Death, {Give street and number} 297 E Fayette st

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Old Age

Duration of last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, (New Cathedral)

Date of Burial, June 11th

Nicholas J Dallin M. D.
Medical Attendant.

Undertaker, John E Mongle

Place of Business, 319½ Lemmon st *Address,* 297 E Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32559

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha R Busick

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirty seven *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 65 Barnes St

Cause of Death, First (Primary,) Phthisis,

Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Balto Com.

Date of Burial, June 12th 1879

Undertaker, Geo. Schilling

Place of Business, Monument & Linganore *Address* 133 N. Eutaw St

A. P. Gelis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 32560

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Carr

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* nine (9) *Months,* eleven (11) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 49 Front St No 80

Cause of Death, {First, (Primary.) Indigestion

Second, (Immediate,) Convulsions

Duration of last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial Mt Carmel Cemetery

Date of Burial, June 12th 1879

{*Undertaker,* Jas J Byrne

{*Place of Business,* 63 Front St

E. C. Baldwin M. D.

Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 48.]

Board of Health, City of Baltimore,

Permit No. 32561

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Seltzger

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, {Give street and number.} No 118 E. Register

Cause of Death, First (Primary,)

Second (Immediate,) Paralysis

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 12th

Undertaker, H. Adams Diffpd

Place of Business, 151 S. Bond

C. F. Clarke M.D.
Medical Attendant.

Address, 235 Gough

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 12562

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julian Johnson

Sex, ~~Male~~ *Female,* { cross out the word not required in this line. }

Age, 26 *Years,* 6 *Months,* — *Days.*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Dress Maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 26 Years & 6 Months

Place of Death, { Give street and number } 50 Walker Street

Cause of Death, First, (Primary,) Uterine abscess of

Second, (Immediate,)

Duration of last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill Cem

Date of Burial, June 12 1879

Undertaker, Samuel H Chase

Place of Business, 19 South Howard St

J. Yingling M. D.
Medical Attendant.

Address, 90 Hanover St. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[07...]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Rosenblatt

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore USA

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No 154 Low St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Cemetery

Date of Burial, June 13th 1879

Undertaker, Wm Eckert

Place of Business, — *Address,* 121 E Balto St

L. Ridgway Andre M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Christian Lutz

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color,

Married, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. C. 8 mts.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 122 Mayberry

Cause of Death, First, (Primary,) Gastro-enteritis

Second, (Immediate,) Convulsions

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 12 11

Undertaker, B. Harle

Place of Business, 411 Light Street

R. W. P. Ellis M. D.
Medical Attendant.

Address, 316 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 12 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara May Wright

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balty City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 372 Wm St

Cause of Death, First, (Primary.) Diphtheria (Membranous)

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cecil County.

Date of Burial, June 12 79

Undertaker, B. Hastle

Place of Business, 411 Light Street Address, 315 Light St.

Rob't B. Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 32566

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecilia May Darcy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* Four *Months,* Ten *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 504 Hanford Ave Balto

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number.} 504 Hanford Ave,

Cause of Death, First (Primary,) ...

Second (Immediate,) Congestion of Brain 4 days

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery A. P. Lyons *M. D.*

Date of Burial, June 13th 1879 Medical Attendant.

Undertaker, Jno H Weaver

Place of Business, 22 Hayette St *Address* 133 N. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 32567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leon Simon

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Feather Dyer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Limoges, France

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} St. Joseph's Hospital

Cause of Death { First, (Primary,) apoplexy
Second, (Immediate,) ~~Kongestion~~ Coma

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Friday June 13th 1879

Undertaker, Conrad Kunkel

Place of Business, 100 Park ave.

Oscar J. Costen M. D.
Medical Attendant.

Address, 188 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Zussroth

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 weeks *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give street and number} Baltimore nr Bond

Cause of Death {First, (Primary,) (The child was dead on my arrival, its
Second, (Immediate,) mother says it had spasm)

Duration of last Sickness, about a half hour

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ct

Date of Burial, June 12. 1879

Undertaker, Henry Hoeck

Place of Business, 309 Central Ave

J. A. Warren M. D.
Medical Attendant.

Address, 256 N Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32569

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Maurer

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 290 Aisquith St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Enteric Colitis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cc.

Date of Burial, June 12 1879

Undertaker, Henry Hoeck

Place of Business, 309 Central Ave.

Jno. Brooke Boyle M.D.
Medical Attendant.

Address, 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Board of Health, City of Baltimore

Permit No. 32570 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Hild

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 10 *Years,* ~ *Months,* ~ *Days.*

Color, White -

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ~~Widow or Widower~~

Occupation, -

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto -

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and number.} Home 2 Friedlers

Cause of Death, First (Primary,) Lock Disease

Second (Immediate,) Exhaustion -

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 12th 1879

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

Gustav Baker M. D.
Medical Attendant.

Address 49 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32571 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th June 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Burns

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 79 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Aged Women's Home

Cause of Death, {First (Primary,) Dropsy (Gen'l)
{Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Stemmers Run Balto Co.

Date of Burial, 13th June 1879

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St.

Geo H. Taylor M. D.
Medical Attendant.

Address 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Funeral 1425

[OVER.

Board of Health, City of Baltimore

Permit No. 32572

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 12 1879

Date of Death, June 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Thompson (Mo[illegible]

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~~~ *Years,* 2 *Months,* ~~~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 128 Hill St

Cause of Death { First, (Primary,) Scrofula
Second, (Immediate,) Atrophy

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, June 12th 1879

[illegible] M. D.
~~Medical Attendant.~~

Undertaker, Hercules Ross

Place of Business, Conway St. *Address,* Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by Dr. Fitzpatrick

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 32573

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 12 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Dietz

Sex, Male or Female, {cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 152 Madeira Alley

Cause of Death, First, (Primary.)

Second, (Immediate,) Consumption

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Ht. Olivet Cem. J. J. Litzer M. D.

Date of Burial, June 13th 79

Medical Attendant.

Undertaker, Chas. Evans

Place of Business, 250 Canton Ave. *Address,* 160 Saratoga st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 32574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeremiah Hicks

Sex, Male or Female, {cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Easton Md

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number} No 14 Brewers alley

Cause of Death First, (Primary,)

Second, (Immediate,) Rheumatism of Heart

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, June 11 1879

Undertaker, Fred C Leuckner

Place of Business, 50 S Caroll Ave

Geo C Ogle Comm M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 32575

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Giles

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 12. Plum Alley

Cause of Death { First, (Primary,) Exanthem (Certified) Nursing / Second, (Immediate,) Lethal Influenza

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 12th 1879

Undertaker, Hercules Ross

Place of Business, Conway St

Thos A Glenn M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Beverly Digges S. Surg

(OVER)

Board of Health, City of Baltimo

Permit No. 33576

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Sampson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cigar Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.,} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} St Josephs Hospital

Cause of Death First, (Primary,) Hd Joint Disease

Second, (Immediate,) Exhaustive Suppuration

Duration of last Sickness, 39 years

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, June 13 1879

Undertaker, Henry Tilcock

Place of Business, 304 Central

Chas J Cleary M. D.
Medical Attendant.

Address, 188 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore

Permit No. 32577

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 12 1879

CERTIFICATE OF DEATH.

Date of Death, June 11th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H. Melvin

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 19 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 31 Walnut St

Cause of Death { First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 12th June.

Undertaker, Julius Kochler.

Place of Business, Cor Sharp and Ross Sts

B. F Phillips M. D.
Medical Attendant.

Address, 319 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Jaeger

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 12 *Years,* 11 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 6 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Spring Gardens Accidentally Russ'd St. near West

Cause of Death {First, (Primary,) Drowned
Second, (Immediate,) Shock

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 13th 1879.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore Str.

R. C. Lee M. D.
Medical Examiner
N. W. Cor Coroner's D.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

U.M. J. C. KELANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles F. Dickson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* 6 *Months,* 15 *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} N 315 N Saratoga St

Cause of Death, {First (Primary,) / Second (Immediate,)} General Atrophy

Duration of Last Sickness, About three months

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, June 13th 1879. 4 P.M.

Undertaker, Charles A. Ponder

Place of Business No 5 18½ W. Baltimore st.

James Armitage M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32580

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker, or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 12 1879

Date of Death, June 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Columbus Wright

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 10 *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} East rear of No 56

Cause of Death, First, (Primary,)

Second, (Immediate,) Trismus Nacentium

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 11th 1879

Undertaker, Wm. P. Burgess

Place of Business, 56-62 East, st. *Address,* 124 n Exeter st

Ed Baldwin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 12 1879

CERTIFICATE OF DEATH.

Date of Death, June 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Simpson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 70 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Manufacturer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} London England

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give street and number} No 33 Jackson Avenue

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) 24 hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Locust Mt Cemetery

Date of Burial, June 14th 1879

J. Ridgway Andrew M. D.
Medical Attendant.

Undertaker, Thos S. Hughes

Place of Business, 60 E Balto St *Address,* 121 E Balto

1238 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below and to the Rules on the back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32582

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Heinzerling

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 85 Henrietta st

Cause of Death, First, (Primary,) cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 13 in

Undertaker, Henry Brisle

Place of Business, Henrietta 17 84

J. H. Hennig M. D.
Medical Attendant.

Address, 76 Stiles st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32583,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th June 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Law

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, W *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 68 Yrs

Place of Death, {Give street and number.} Aged Mens Home

Cause of Death, {First (Primary,) Nervous Exhaustion

Second (Immediate,)

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 13th June 1879

Geo H. Taylor *M. D.*
Medical Attendant.

{*Undertaker,* H. W. Jenkins Son *Address* 1 Waverly Terrace

Place of Business, 16 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32584

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12/879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Henry Stiz

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, one *Years,* Three *Months,* ——— *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country; and how long in the United States, if of foreign birth.} Chiles St No 19

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} No 19 Chiles St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St.

Date of Burial, June 13th

Undertaker, Hercules Ross

Place of Business, 95 Conway St.

J. J. Stitt M. D.
Medical Attendant.

Address 260 South Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32588

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Bishop

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* Three *Months,* [illegible] *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City Md

Duration of Residence in the City of Baltimore, All Life

Place of Death, {Give street and number} 3 Wilmore Alley above Smith St.

Cause of Death {First, (Primary,) Diarrhoea

{Second, (Immediate,) "

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, June 13th

Undertaker, James Bracken

Place of Business, No 21 New St

H H Griffin M. D.
Medical Attendant.

Address, 47 Lemmon Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Müller

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Old City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 592 North Gay Street

Cause of Death { First, (Primary,) Meningitis (Cerebral)
Second, (Immediate,)

Duration of last Sickness, Eleven (11) Days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, June 15, 1879

Undertaker, Henry Floute

Place of Business, 309 Central Ave Cor Eager & Carlin Streets

H. Schuer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32,587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEP... JUN 13 1879 ...IMORE

CERTIFICATE OF DEATH.

Date of Death, June 11 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maria Pond

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 53 *Years,* ..... *Months,* ..... *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Nc

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 53 yrs

Place of Death, {Give street and number} No 81 McCulloh St

Cause of Death, {First, (Primary,) ..... Second, (Immediate,) Cancer of Tongue

Duration of last Sickness, about 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 13th

Undertaker, H. C. Wiedefeld.

Place of Business, 90 Greenmount Av *Address,* 23 Franklin

J. H Sutton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42588

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Louisa Blaney

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 25 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 66 Greenmount Ave

Cause of Death First, (Primary,) Scrofulosis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 13th

Wm Wohlridge M. D.
Medical Attendant.

Undertaker, Henry C. Whitfield

Place of Business, 9 Greenmount Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 13
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Oliver

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 84 Druid Hill Av

Cause of Death, First (Primary,) Puerperal Convulsions

Second (Immediate,)

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 13 1879

Undertaker, B. McShane

Place of Business, No 198 Howard St

J. E. Atkinson M. D.
Medical Attendant.

Address 223 Madison Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32590

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Webster

Sex, Male or Female, {cross out the word not required in this line.}

Age, 78 *Years,* 1 *Months,* 8 *Days.*

Color, colored

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 239 Howard St.

Cause of Death, {First, (Primary,) Gangrene of the right foot caused by

Second, (Immediate,) 4 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 14 1879

R. M. Hall M. D.
Medical Attendant.

Undertaker, J. Wehrle

Place of Business, 178 Howard St

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday June 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. T. Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 62 *Years,* — *Months,* — *Days.*

Color, Negro

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 62 years

Place of Death, {Give street and number.} 68 Davis St

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, June 13th 1879

Undertaker, Theodore J Lotts

Place of Business, 73 Jefferson

Chas Wesley M. D.
Medical Attendant.

Address 61 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. Gruen

Sex, Male or Female, {cross out the word not required in this line.}

Age, 23 *Years,* 2 *Months,* 17 *Days.*

Color, White

~~*Married*~~, *Single*, *Widow or Widower,* {Cross out the word not required in this line.}

Occupation, Tobacconist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 190 Orange St

Cause of Death, First, (Primary,) ....

Second, (Immediate,) Phthisis

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Laudenpark Cem'y

Date of Burial, June 14th 1879 Reuben Cobb M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 246 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32593.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Cornish (Mother

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 57 Lewis St

Cause of Death, First, (Primary,)

Second, (Immediate,) Incendiarism

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 13th 1879

Undertaker, C. A. White

Place of Business, Granby St

Thos. A. Hunt M. D.
~~Medical Attendant.~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by Emanuel Newman

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Turner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* ... *Months,* 11 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Norfolk. Va

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 79 Jefferson

Cause of Death, {First (Primary,) Dying to Brain by a falling Stack / Second (Immediate,) Paralysis & days}

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 13th 1879

{*Undertaker,* Smith Madden / *Place of Business,* 335 W Howard st}

C. E. Clein, *M. D.* Medical Attendant.

Address 195 N. Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th of June 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Wesley Jones

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 4 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 165 Hollins st

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, June 14th 1879

Undertaker, J. B. Cook

Place of Business, No 707 W. Baltimore street

P. V. Benson M. D.
Medical Attendant.

Address 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth G. [redacted] Harwood

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 35 Randall St

Cause of Death, First, (Primary.)

Second, (Immediate,) ~~And~~ Exhaustion of the System

Duration of last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 14th 1879

Andrew Leas M. D.
Medical Attendant.

Undertaker, Wm. H. Kaufman

Place of Business, 234 N. Gay St. *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32597

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 13 1879

CERTIFICATE OF DEATH.

Date of Death, June 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Standiford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 211 Constitution

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) ____

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery Geo. R. Raymond M. D.

Date of Burial, June 14th 1879 Medical Attendant.

Undertaker, Joseph F. Byrne

Place of Business, 59 n Liberty *Address* 43 North Amity

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32598

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Young

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 215 Hanover

Cause of Death, First, (Primary.) ———

Second, (Immediate.) Phthisis

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Shoop St

Date of Burial, June 13th

Yellow Fever M. D.
Medical Attendant.

Undertaker, Hercules Ross

Place of Business, 95 Conway St. *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07...]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. A. Hoover

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and number.} No 199 Columbia Av.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Pulmonalis 3

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician

Place of Burial Cathedral Cemetery

Date of Burial 15th June 1879

Undertaker H. H. Jenkins & Son

Place of Business, 16 Light St

Pembroke W. Wood M. D.
Medical Attendant.

Address No 218 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Shaw

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Exeter, England

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} 159, W. Fayette St.

Cause of Death, First (Primary,) Chronic Hepatitis

Second (Immediate,) Incarceration of Gall-stones, and Peritonitis.

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Montreal Canada Morris Steiner M. D.

Medical Attendant.

Date of Burial, June 13th 1879

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St. *Address* 249 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Transit 428

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32601

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Frederick Meinhagen

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} June 12/79

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 5 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 280 Light St.

Cause of Death, First, (Primary,) Cholera,

Second, (Immediate,) Infantum

Duration of last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 12th 1879.

J. H. Smith M. D.
Medical Attendant.

Undertaker, Jacob Gerwig

Place of Business, 244 Lexington

Address, 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Colton

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color,

~~Married~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} 541 N Wolf St

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Bucks Cemetery

Date of Burial, June 14th 1879

Undertaker, G W Shelley

Place of Business, Monument Lexington

Saml T Powell M. D.
Medical Attendant.

Address, 129 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32603

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Edward Hall

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 19 *Years,* 5 *Months,* ____ *Days.*

Color, ~~Col~~

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Oyster Shucker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Union Court 4

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loyd Cemetery

Date of Burial, June 14th 1879

E. E. Baldwin M. D.
Medical Attendant.

Undertaker, Chas A Eckhardt

Place of Business, 35 Canby St *Address,* 124 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Lane Burns

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Norfolk Va.

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 53 Jenkins Al.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) " Anaemia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem'y J. C. Michael M. D.

Medical Attendant.

Date of Burial, June 14th 1879

Undertaker, W. H. Bishop

Place of Business, Druid Hill Ave *Address* 246 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Roesika

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* 8 *Months,* 12 *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 96 E. Fopelton

Cause of Death { First, (Primary,) Diphtheria. / Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, June 14th 79

Undertaker, Ran & Bartell

Place of Business, 62½ W. Balto

Louis L. Horn M. D.
Medical Attendant.

Address, cor Mulberry & Myrtle av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jun 11th 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Ball

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 60 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Labor

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Irish) Unknown how long in US

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and number } Middle District Police Station

Cause of Death, First, (Primary,) Intemperance + unknown

Second, (Immediate,) Congestion of brain probably

Duration of last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial,

Undertaker, Patrick Mullin

Place of Business,

E Innis D Revalle M. D.
Medical Attendant.

Address, Coroners Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th 79

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth L. Hunter

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 10 South Eutaw Place

Cause of Death, First, (Primary,) Nervous Dyspepsia

Second, (Immediate,) Congestion of Lungs

Duration of last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 15 1879

Undertaker, Jas P Byrne

Place of Business, 63 Front St

John F. Monmonier M. D.
Medical Attendant.

Address, S. W. Calvert & Read sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 32608

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 15 1879

Date of Death, June 12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J. Fred. C. Thayer.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* 0 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} M—

Occupation, Box maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 42 yrs

Place of Death, {Give street and number.} 49 Mc Henry Lane

Cause of Death, First (Primary,) Fracture of Skull

Second (Immediate,) Meningitis

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Balti. Cemetery.

Date of Burial, June 15th 1879.

Undertaker, A. A. Henderniger

Place of Business, 578 W. Balto. St

David Streett M. D.
Medical Attendant.

Address City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Heinrich Ferdinand Telle

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} N: 250 W Pratt.

Cause of Death, First, (Primary,) Pulmonary Phthisis.

Second, (Immediate,) Debility

Duration of last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Lutheran

Date of Burial, June 15th

Henry Salzer M. D.
Medical Attendant.

Undertaker, Venable Dissell

Place of Business, Bond 154 E. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32610

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 14 1879 BALTIMORE

Date of Death, June 13th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanetta Riel

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 39 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 39 years 6 mos

Place of Death, {Give street and number.} Point Lane

Cause of Death, {First (Primary,) Pulmonary Consumption

Second (Immediate,) Prostration

9 mos

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 16th 79

Undertaker, Geo Schilling

Place of Business, Holland Square

H. B. O'Reilly M.D.
Medical Attendant.

Address, 235 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 14. 1879

CERTIFICATE OF DEATH.

Date of Death, June 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred C. Valiant

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* 10 *Months,* 27 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 163 Madison Ave

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 14/79

Undertaker, Thos S Hughes 238 Madison ave

Place of Business, 96 E Baltimore St

E. Wallace Taylor, M. D.
Medical Attendant.

Address 17 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 14 1879 IMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ruppertsberger

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 22 *Years,* 6 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk in Store

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 150 Druid Hill av

Cause of Death First, (Primary.) Cholera Morbus

Second, (Immediate,) I was discharged from care 2 days before her death

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 16 June 1879

Undertaker, Chas Seiler

Place of Business, 118 Druid Hill av

C. A. Winslow M. D.
Medical Attendant.

Address, 23 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32613

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Beckites

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 2 *Years,* 4 *Months,* 7 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Balto Co Md

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, June 14th 1879

Henry Guenther M. D.
Medical Attendant.

{ *Undertaker,* Andrew Leitz
{ *Place of Business,* 118 Druid Hill Ave *Address* 647 Penn Ave

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin F. Williams

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* ..... *Months,* ..... *Days.*

Color, Light.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 4 mts

Place of Death, {Give street and number} 293 Hanover St,

Cause of Death, First, (Primary,) Rubeola (Measles)

Second, (Immediate,) .....

Duration of last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Kentucky Med

Date of Burial, June 14 79

Undertaker, Hamilton & Dewes

Place of Business, 1102 E. Light

R. H. C. Pelle M. D.
Medical Attendant.

Address, 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1429

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelia Kastmann

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, {Give street and number} 113 Portland.

Cause of Death, First, (Primary.) Scarlatina

Second, (Immediate.) Convulsions

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 15th

R. H. P. Ellis *M. D.*
Medical Attendant.

Undertaker, B. Harley

Place of Business, 411 Light St. *Address,* 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32616

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 14 1879

CERTIFICATE OF DEATH.

Date of Death, June 13. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermann Heusel

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 60 Years, — Months, — Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} 370 Light St

Cause of Death, First, (Primary.)

Second, (Immediate,) Paralysis of the Throat

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, "Loudon Park Cemetery"

Date of Burial, June 15th 1879

Undertaker, C. F. Kramer.

Place of Business, 2209 Hanover St.

Address, 146 Hanover St

Thomas Condon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th of June 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabel W. Cunningham

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always.

Place of Death, {Give street and number.} 341 Madison Ave.

Cause of Death, First (Primary,) Inflam. of bowels.

Second (Immediate,)

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, June 14 1879

Undertaker, S.W. Jenkins & Son

Place of Business, 16 Light St.

J. Schmitz M. D.
Medical Attendant.

Address 92 N. Eutaw st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th 3 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Ringold

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, 7 *Years,* 5 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 75 Jefferson St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 24 Noons Alley

Cause of Death, First (Primary,) Dipth Uremia

Second (immediate,)

Duration of Last Sickness, 8 day

All the above information should be furnished by the Physician

Place of Burial, Laurel cemetery

Date of Burial, June 14 1879

Undertaker, Wm A. Dunger

Place of Business, No 62 East, st

M. H. Warner M. D.
Medical Attendant.

Address Cor Townsend & Stricker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Letitia London

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, Col

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Washing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland Since birth (Native)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 57 Chestnut Alley

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, Sick more or less for Several Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 15th 1879

Undertaker, Wm. P. Dunger

Place of Business, No 62 East st, *Address,* 192 Pearl st

W. W. Anthis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 32620

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 14 1879

Date of Death, June 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Robert Batchson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* Seven *Months,* Twenty two *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltm. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 5 Parish st.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) "

Duration of Last Sickness, not known; saw it for the first time June 12th

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 14th 1879

Undertaker, W. H. Lungs

Place of Business, No 62 East, st

J. H. Jordan M. D.
Medical Attendant.

Address 632 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. McGraw

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* ..... 15 *Days.*

Color, ...

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } No 286 N Amity

Cause of Death, { First, (Primary,) Gastric Irritation / Second, (Immediate,) Congestion of Lungs

Duration of last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 14th 1879

Undertaker, Henry H. Mears

Place of Business, 45 N. Gay St

Wm. Le Russell M. D.
Medical Attendant.

Address, Broadway & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Baierschmidt Baierschmidt

Sex, Male or ~~Female~~, {cross out the word not required in this line.} M

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Day Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give street and number} No 4 Lemmon Court

Causes of the disease

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 14th of June

Geo Entelline M. D.
Medical Attendant.

Undertaker, P. Lemmon

Place of Business, 317 Mulberry *Address,* 582 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32623

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do; under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT JUN 14 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, June 14th 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A Mitchel

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* Four *Months,* Eleven *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} 162 S. Howard St

Cause of Death { First, (Primary,) Bronchial Catarrh
Second, (Immediate,) Cholera Infantum

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 15th

Undertaker, Hercules Ross

Place of Business, 95 Conway St. *Address,* 146 Hill St

L. L. Dyer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W B McHark

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 10 Months, 10 Days.

Color, White .. *Sex,* ..

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Barton St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery J. S. Baker M. D.

Date of Burial, June 15th Medical Attendant.

Undertaker, H. C. Widefield

Place of Business, Address 90 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Baily

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 10 Jones Court

Cause of Death First, (Primary,) Mal Nutrition

Second, (Immediate,) Diarrhoea

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cem'y

Date of Burial, June 14th 1879

Undertaker, The O. L. Locks

Place of Business, Jefferson St

James H Lewis M. D.
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by: George E. Taylor.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32626

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ann Johnson

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, — *Years,* — 1 *Month,* — 27 — *Days*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 30. Washington st

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Dorchester Co Md

Date of Burial, June 14/79

Undertaker, Fry & Son

Place of Business, 34 & Broadway

Thomas G. Evans. M.D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1430

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Schaeffer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 93. E. Lombard St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician

Place of Burial, Bald Cruel

Date of Burial, June 14th 1879

Undertaker, J. F. Kissinger

Place of Business, 97. Orleans St

Francis A. Bauer *M. D.*
Medical Attendant.

Address 102 S. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

State of Maryland, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Brooks-

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, About 35 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, ——

Duration of Residence in the City of Baltimore, All her life ——

Place of Death, {Give street and number.} Arnold Jones Infirmary - N Broadway

Cause of Death, First (Primary,) Phthisis Pulmonalis -

Second (Immediate,) ——

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, June 14th 1879

Undertaker, Wm H Bishop Jr

Place of Business, 97 Druid Hill Ave.

F. D. Gwinn M. D.
Medical Attendant.

Address Arnold Jones Infy N Broadway -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Grunbrun

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} E. Canga En

Cause of Death, First, (Primary,) Phthisis Pulmonalis,

Second, (Immediate,) Cerebral Congestion

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mount St. Mary's

Date of Burial, June 15th 79

Undertaker, Mrs Dolan

Place of Business, 101 Gough *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Louisa Ebeline

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 338 Hamburg St.

Cause of Death { First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 16th 1879

R. J. N. Tate M. D.
Medical Attendant.

Undertaker, W J Tick[illegible]

Place of Business, 65 S Eutaw *Address,* 152 Stump St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32651

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Jakoleki

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} #58 Harrison St.

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate,)

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Polish Cemetery

Date of Burial, June 15

Undertaker, D Heumann

Place of Business,

Abram Blum *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th '79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah B S Smart

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, white

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Beaufort S C

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} 170 Mt Royal Avenue

Cause of Death { First, (Primary,) Tabes
Second, (Immediate,) Dorsalis

Duration of last Sickness, 3 years since first symptom - 3 months last sickness

All the above information should be furnished by the Physician.

Place of Burial, Beaufort South carolina

Date of Burial, June 17th 1879

Edmund R Walker M. D.
Medical Attendant.

Undertaker, Jno H Weaver

Place of Business, 22 Fayette st *Address,* 183 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Transit Permit No 1431

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32633

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE JUN 15 1879

CERTIFICATE OF DEATH.

Date of Death, June 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abigail Pedrick

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ or Female

Age, 75 *Years,* 11 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~, ~~Single~~, Widow or ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} New Jersey

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 12 Aisquith Lane

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 16/79

Undertaker, A. Wiedemeyer

Place of Business, 378½ Balto St

J. C. Burch *M. D.*
Medical Attendant.

Address 15 1 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Compton

Sex, Male or Female, {cross out the word not required in this line.} "

Age, 42 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 10 to 2 Jasper Court

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Violence

Duration of last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, June 16th

Undertaker, Abraham Wayman

Place of Business, 15 Saratoga St

Geo. Ogle Coroner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Clayton

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 30 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Housemaid

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number.} City Hospital

Cause of Death, First (Primary,) Chronic Bright's disease

Second (Immediate,) Apnoea

Duration of Last Sickness, 4 wks.

All the above information should be furnished by the Physician.

Place of Burial, Eastern Public Ca

Date of Burial, June 15th 1879

Undertaker, Patrick Mullin

Place of Business, 67 Cambridge

David Streett M.D.
Medical Attendant.

Address City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE JUN 15 1879

CERTIFICATE OF DEATH.

Date of Death, June 13th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lucy Anderson

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

~~*Age,*~~ ~~*Years,*~~ Three *Months,* Four *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 197 Pine St. near Lexington St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) " "

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 16. 1879

Undertaker, J. W. Coman

Place of Business, 196 S. Howard st

A. C. Fox M.D.
Medical Attendant.

Address, Cor Fayette & Schroeder Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1898

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 19 1898

Undertaker, S W. Chase

Place of Business, 1918 Hanover St

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 1ST 1879

Date of Death, 11th June 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Las T. Butler

~~Sex, Male or Female,~~ {cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, Blk

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Bridge Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Died Both

Place of Death, {Give street and number} 217 Fremont St

Cause of Death First, (Primary,) Fistula in ano

Second, (Immediate,) Pyemia

Duration of last Sickness, 10 Da

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 15. 1879

Undertaker, S W Chase

Place of Business, 1918 Hanover St

Augustus N. Dodge M. D.
Medical Attendant,

Address, 201 Hanover St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Returns of Births or Deaths on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina J. Barthel

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 7 *Months,* ~~—~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 65 N. Schroeder St.

Cause of Death, First, (Primary,) ~~—~~

Second, (Immediate,) Meningitis

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Loudenn Park

Date of Burial, June 16th 1879

Augt. F. Eyster M. D.
Medical Attendant.

Undertaker, G. H. Cook

Place of Business, 707 W. Balto St. *Address,* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32640

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

REGISTERED JUN 16 1879

Date of Death, June 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hellena Wagner

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, Seven *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number} 154 Greenmount avenue

Cause of Death {First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, (2) Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, June 16/79

Undertaker, W. Hasson

Place of Business, 136 E Fayette

Jno Glover M. D.
Medical Attendant.

Address, 49 N Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15 — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry McNally

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 2 *Months,* 15 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 42 Paca St —

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) " "

Duration of Last Sickness, Four days —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 16th 1879

Undertaker, S. M. Leonard

Place of Business, 182 W. Baltimore

Thos Opie M.D.
Medical Attendant.

Address, 581 Lexington

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Vogelwaid.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} S. W. Cor. Sharp & Pratt Sts.

Cause of Death {First, (Primary,) Enteritis
Second, (Immediate,)

Duration of last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, June 16th 1879

R. J. N. Zell M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Pratt Sts. *Address,* 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 32643

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Rist

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 8 *Years,* 10 *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} ~~Covington St~~ Lovington St, W. Numan's Factory

Cause of Death, First (Primary,) measles

Second (Immediate.) Brain trouble (Effusion?)

6 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laudenpark Cem

Date of Burial, June 16th 1879

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts

G. Liebmann M. D.

Medical Attendant.

Address 223 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Meister

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 100 Wolfe St, E

Cause of Death {First, (Primary,) Chronic Bronchitis

Second, (Immediate,)

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 16 79

Wm. E. Russell *M. D.*
Medical Attendant.

Undertaker, Fry & Son

Place of Business, 57 n Broadway *Address,* Broadway E Broadway n

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32645

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th June 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Y. Knight

Sex, Male or Female, {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number} 142 William st.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 16th 1879

H W Webb M. D.
Medical Attendant.

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St. *Address,* 57 Barnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 32646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie. Sophia Strauss

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} —

Age, ____ *Years,* 4 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} # 1 Russell St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, June 17th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw st

J H Carney M. D.
Medical Attendant.

Address, 76 Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15th June 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Carroll Pearce

~~Sex~~, *Male or Female,* {cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 64 Hill St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Inflammation of Brain

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Oak Cemetery

Date of Burial, June 17th 1879

Undertaker, Smith & Dunz

Place of Business, 265 Jeg St *Address,*

Augustus M. Dodge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32648

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Earl Clifford Heckert

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Allegheny Pa.

Duration of Residence in the City of Baltimore, One year 2 month

Place of Death, {Give street and number} 56 N Republican Alley

Cause of Death First, (Primary,) Scarletina

Second, (Immediate,) 4 Sudden probably paralysis heart

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Fowlers Park

Date of Burial, June 16 1879

Undertaker, Blackistone & Son

Place of Business, W Balt St

Address, 64 S Paca St

W. W. Hammond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

FILM

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32649

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Schächer. Lenin ~~Schaecher~~

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* [redacted] *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, [redacted]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 2 Years and 9 Months

Place of Death, {Give street and number} 24 Albemarle St

Cause of Death, First, (Primary,) Measles

Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 16th

Undertaker, F. N. Tosh

Place of Business, #131 Hanover St

J. Hinghing M. D.
Medical Attendant.

Address, 90 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 32650

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Earl G Weiz

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 14 Weeks

Place of Death, {Give street and number} No 256 Lee ay

Cause of Death, First, (Primary.) Cholra Infantum

Second, (Immediate,) C of Laurleon

Duration of last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, June 16th 1879

C. A. Buddenbohn M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts

Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Holland

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 2 *Years,* 11 *Months,* 17 *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, June 16th

Undertaker, H. Foelich

Place of Business, 116 East St.

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lubkan

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 7 *Years,* 7 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 158 Round Alley

Cause of Death, First, (Primary,) Congestion of Lungs

Second, (Immediate,) Pneumonia

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Bona Bray

Date of Burial, June 18

Undertaker, C H Guyard

Place of Business, 201 Pen Ave

H D Wood M. D.
Medical Attendant.

Address, 337 Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 32653

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olivia E. Crenshaw

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 58 *Years,* 11 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Lady

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number.} 165 Argyle av

Cause of Death, {First (Primary,) Cancer of the Womb

Second (Immediate,) 6 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Smithfield Va

Date of Burial, June 16th 79

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

R. C. Lee M.D.
Medical Attendant.

N. W. Cor
Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 1432

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32-654

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antred Rickaline

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 209 Preston St.

Cause of Death { First, (Primary.) Cancer of the Bladder

Second, (Immediate.)

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 17th 1879

Undertaker, P. Kennedy

Place of Business,

J. H. Keller M. D.
Medical Attendant.

Address, 89 Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32655

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Schnur

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 4 *Years,* Mons *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 132 2nd Street

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 17-1879

Chas Wm Pfeffer M. D.
Medical Attendant.

Undertaker, D Hummel

Place of Business, Mulberry & C *Address,* 386 W Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dr Richard Sifton

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Castle Del

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number.} 34 Townsend st

Cause of Death, First (Primary,) Inanition

Second (Immediate,) Old age

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 15th 1879

Undertaker, C J Serivon

Place of Business, cor Eutaw & Rose

James A Steuart M. D.
Medical Attendant.

Address 93 Park av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 32657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lipton Tobbs

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* 11 *Days.*

Color, Black *Sex,* Male.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hancock. Md.

Duration of Residence in the City of Baltimore, Eighteen yrs.

Place of Death, {Give street and number.} No 8 Morris al. Phillips. Sharp,

Cause of Death, First (Primary,) —

Second (Immediate,) —

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem. Albert Hoffman M. D.

Date of Burial June 16th 1879 Medical Attendant.

Undertaker, Chas. T. Sericen Address 127 W. Fayette st

Place of Business, 271 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 32658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sidney Blount.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, ... *Years,* 4 *Months,* 17 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 152 N. Chestnut st

Duration of Residence in the City of Baltimore, Sunny Side

Place of Death, {Give street and number.} 152 N Chestnut st

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,) Congestion ? Brain

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Fells Point Hebrew Applegate M. D.

Date of Burial, June 17 1879 Medical Attendant.

Undertaker, F. Rullman *Address* 133 N. Eden st

Place of Business, 151 Chestnut st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } David Eliz Raymond

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* ____ 11 *Months,* ____ 17 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, [illegible]

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 238 Lexington

Cause of Death, { First, (Primary.) Inanition Diarrhoea
Second, (Immediate,) Never was well

Duration of last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Western Cemt

Date of Burial, June 16th 1879

Undertaker, Lux & Andrews

Place of Business, 476 Pratt ave

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 32660

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Dair,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* 7 *Months,* *Days.*

Color, White, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Orleans, La.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 43 Nauman Ave,

Cause of Death, First (Primary,) Chronic Bright's Disease

Second (Immediate,) Oedema Pulmonum

Duration of Last Sickness, 3 years, 10 mos

All the above information should be furnished by the Physician.

Place of Burial, New Orleans La

Date of Burial, June 15-

Undertaker, C W Blizzard

Place of Business, 201 Pen ave

J. L. Ingle M. D.
Medical Attendant.

Address 247 Lawvale st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ing forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Buried by D. A. S.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 32661

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roberta Kennedy

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Eleven *Years,* One *Months,* Nineteen *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Mansfield W. Va

Duration of Residence in the City of Baltimore, One Year & 5 Months

Place of Death, {Give street and number} 125 Parkin St

Cause of Death {First, (Primary,) Intermittens Erratica
Second, (Immediate,) Congestive Chill

Duration of last Sickness, Ten Hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 17th of June

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St

J. H. Buchanan M. D.
Medical Attendant.

Address, 85 Parkin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 32662

OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua H. Edd

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 58 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.} Widower

Occupation, Keeper of Restaurant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co Maryland

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number.} No 18 Forest St.

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery A P Pelgram *M. D.*

Medical Attendant.

Date of Burial, 17 3 Oclock

Undertaker, George C Rodenmayer *Address* 130 N. Gay St

Place of Business, 38 Exeter Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 32663.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Krieg

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~~ *Years,* 6 *Months,* ~~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} S. E. Cor Eastern Ave & Duncan alley

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Chol Infantum

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 17th 1879

Undertaker, Ed Hayes

Place of Business, Bethel St

James Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health & Regulations

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd by Geo E. Taylor

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Unknown, found June 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, about 30 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number} Spring Gardens, Ft Fort McHenry

Cause of Death { First, (Primary,) Drowned
Second, (Immediate,) Shot

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, June 16 1879

Undertaker, Fred'k A. Reuchus

Place of Business, 58 S. Carroll Ave

R. C. Lee M. D.
Coroner 3 D.

Address, N. W. cor Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 32665

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Henry

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 84 *Years,* —— *Months,* —— *Days.*

Color, Colored

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 708 Saratoga St

Cause of Death { First, (Primary,) old age
Second, (Immediate,) Senile decay

Duration of last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 16th 1879

Undertaker, W. M. Dunger

Place of Business, East St

James A Steuart M. D.
~~Medical Attendant.~~

Address, Board of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jos Vansant M. D.

[OVER]

Permit No. 32666

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
16 JUN 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Schipman

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Years, 4 Months, 3 Days.

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Baymaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, about 6 years

Place of Death, {Give street and number.} 184 Hamburg st.

Cause of Death, First (Primary,) Phthisis pulmonaris

Second (Immediate,)

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, June 16 1879

Undertaker, Julius Koehler

Place of Business, Cross St

Address 95 S Sharp st.

M. Abbas M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jenny Bond.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 22 Yr. *Years,* ..... *Months,* ..... *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 21 Davis St.

Cause of Death, {First (Primary,) Gastro - Enteritis; Second (Immediate,) Asthenia}

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem.

Date of Burial, June 17th 1879

Undertaker, H. Eckenrode

Place of Business, Monument St

Wm R Howard M. D.
Medical Attendant.

Address City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32668

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Elijah Frederick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 9 Years, — Months, — Days.

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 2 Hatrel St.

Cause of Death, {First (Primary,) Cholera Morbus

Second (Immediate,) Convulsions

Duration of Last Sickness, 15 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 17 1879

{Undertaker, [illegible]

{Place of Business, [illegible]

Eldridge C. Price M. D.
Medical Attendant.

Address 362 Madison Ave.

JUN 16 1879

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday June 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Burly

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ___ Years, 5 Months, ___ Days.

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 242 76 Edson St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Cholera

Duration of last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, June 17th 1879

Undertaker, Jno. L. Gallagher

Place of Business, 234 N. Gay St.

Wilmer Brinton M. D.
Medical Attendant.

Address, 25 ½ Lemmont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. BULANT & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Fredericks

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* Eight *Months,* Fifteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} Madison St. Cor. Castle

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Convulsions

Duration of last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Gardenville Cemetery

Date of Burial, June 17, 1879

Wm. H. Clendinen, *M. D.*
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0741.]

Board of Health, City of Baltimore,

Permit No. 32671

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Emerick

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1½ *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City — Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number} #339 S. Bond St

Cause of Death, First, (Primary.) Variola followed by

Second, (Immediate,) Convulsions and Coma

Duration of last Sickness, About 7 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Paules Cemetary

Date of Burial, 17th June 1879 John H. Rehburg M. D.
Medical Attendant.

Undertaker, Wm Nicodemus

Place of Business, 258 Alice Anna *Address,* #243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Maise

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 14 Months, Sex, Male 5 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maise

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 19 N. Caroline

Cause of Death, { First (Primary,) Diptheria

Second (Immediate,) asphysia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, 17th of June.

Undertaker, Fred Gaede.

Place of Business, 29 S. Caroline st.

Wm N. Hill M. D.
Medical Attendant.

Address 31 N. Bond st

JUN 18 1879 BALTIMORE MD

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 32673

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16th June 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Percell H. Johnson

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 5 *Years,* 4 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} child

Occupation, No

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 394 Brookdale

Cause of Death, First, (Primary,) Intestinal obstruction

Second, (Immediate,) "

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, June 17th 79.

Undertaker, Samuel F. Mercer

Place of Business, 35 Park Ave

J. Donaldson M. D.
Medical Attendant.

Address, 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 32674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Haddie Makee

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 26 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 10 Morris al.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 12 Parish al.

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, June 16th 1879

Undertaker, Wm. H. Burke Jr.

Place of Business, 97 Druid Hill ave.

E. H. Holbrook. M. D.
Medical Attendant.

Address 327 Lanvale st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.

over

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday June 16

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lethia Thomas

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 101 N. Broadway

Cause of Death, { First, (Primary,) Meningitis
Second, (Immediate,)

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Har'Sinia Cemetry

Date of Burial, 17th June

Undertaker, C. Hollander's Sons

Place of Business, Pratt St. Market *Address,*

Thos. Blunt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Fisher

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

~~Age~~, ____ *Years,* 1 *Months,* 16 *Days.*

Color,

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U S.

Duration of Residence in the City of Baltimore, 1 mo 15 days

Place of Death, {Give street and number} Chanet St cor Johnson

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, H. Mysons sug Comet

Date of Burial, June 17 th

R. M. P. Ellis *M. D.*
Medical Attendant.

Undertaker, B. Hearle

Place of Business, 411 Light St *Address,* 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Mariel Ella~~ Illana Stella Kines

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 9 *Months,* 4 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and number.} 85 William St.

Cause of Death, {First (Primary,) Congestion of the bowels,
{Second (Immediate,) Congestion of the brain,

Duration of Last Sickness, Three days,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, 18th June 1879

John Morris M. D.
Medical Attendant.

{*Undertaker,* H. H. Deutrick & Son
{*Place of Business,* 16 Light St *Address* 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Permit No. 32678

OFFICE OF REGISTRAR OF VITAL STA[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peregrine Wroth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Ninety three *Years,* Two *Months,* ~~What~~ Five *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Co. State of Maryland

Duration of Residence in the City of Baltimore, Ten years & Six months

Place of Death, {Give street and number.} No 26 Pleasant St. Baltimore

Cause of Death, First (Primary,) Old age

Second (Immediate,) General decay

Duration of Last Sickness, — —

All the above information should be furnished by the Physician.

Place of Burial, Kent Co Md

Date of Burial, June 16th 1879

Undertaker, Jno W Weaver

Place of Business, 22 Fayette St

J. M. Johnson, M. D.
Medical Attendant.

Address No 379 N. Gilmor St. City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.

Transit 1433

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 32679

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filed out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Powell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, over 70 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~*Married, Single,*~~ *Widow ~~or Widower~~,* {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 21 Richmond St. Baltimore

Cause of Death, First (Primary,) Fatty Degeneration of The Heart.

Second (Immediate,) asthenia

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Church St. at Greenly J. S. Lindsay M. D.

Date of Burial, June 18 1879 Medical Attendant.

Undertaker, C. W. Chase

Place of Business, 198 Howard *Address* 159 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Adisen

Sex, Male or Female, { cross out the word not required in this line. }

Age, 80 *Years,* *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Balto. Co. Md.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and number } 93 Lee st.

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Heart disease

Duration of last Sickness, A few hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 18 1879

R. M. Hall M. D.
Medical Attendant.

Undertaker, C. J. Schaire

Place of Business, No 198 Howard st *Address,* 262 Shaft st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

Permit No. 32681

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Sarah Ford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 3 *Days.*

Color, Black *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 yrs. 3 mos.

Place of Death, {Give street and number.} Jordan Alley

Cause of Death, {First (Primary,) Inflamation of Bowels

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, ~~Lauraston Cemetery~~ Loudon Park

Date of Burial, June 17 1879

J. Edwin Muncaster M. D.
Medical Attendant.

Undertaker, W^m H Birkhead

Place of Business, 97 Druid Hill Ave *Address* 246 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Lamb

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dover Delaware

Duration of Residence in the City of Baltimore. Six Years

Place of Death, {Give street and number.} 129 Hanover St

Cause of Death, {First (Primary,) Sporadic Dysentery; Second (Immediate,) Asthenia}

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician

Place of Burial, Cat. view Lyons Lutheran Cem.

Date of Burial, June 17th 1879

Undertaker, Charles F. Hund

Place of Business 161 Hanover Street

J. K. Wiley M. D.
Medical Attendant.

Address 58 Hanover Street
Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit Permit No 1434

[OVER.]

Permit No. 32683

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Edward Hartmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 8 Months, 3 wks 6 Days.

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 102 S Bond St

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 1025 Bond St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, June 18th

Undertaker, Wendelin Dippel

Place of Business, S. Bond st. 151

D Gr Wales M. D.

Medical Attendant.

Address 27 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Kroeber.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 48 — *Years,* 7 — *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Grocer & Comision Merchant.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Saxony Germany.

Duration of Residence in the City of Baltimore, Forty years.

Place of Death, {Give street and number} #234 E. Lombard st.

Cause of Death { First, (Primary,) Typhoid Fever.
Second, (Immediate,) " Necrotum of Peritonitis.

Duration of last Sickness, Fifteen days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 18th

Undertaker, Ambrose Kreiter

Place of Business, 244 E. Lombard

G. A. Dohme — M. D.
Medical Attendant.

Address, #86 E. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

Health Department, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Walters

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Merchant Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County of Antrim Ireland.

Duration of Residence in the City of Baltimore, Since infancy — 78 Years.

Place of Death, {Give street and number.} 187 West Townsend Street

Cause of Death, First (Primary,) Perplexity in business and old age

Second (Immediate,) Softening of the Brain

Duration of Last Sickness, about two Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 17th 1879

Undertaker, Wm Warden *Address* 71 Hanover St

Place of Business, N. Eutaw St

W. R. McAllister M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 17 1879

CERTIFICATE OF DEATH.

Date of Death, No 89 Biddle St June 16th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry T. Benson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 26 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Painter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 89 Biddle St E

Cause of Death, { First, (Primary.) Anaemia / Second, (Immediate,) }

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 19 1879

Undertaker, Wm Weaver

Place of Business,

W. W. White M. D.
Medical Attendant.

Address, 241 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. AND be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 32687

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwith W. Culbertson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 196 W. Biddle St

Cause of Death, First (Primary,) Convulsions Second (Immediate,)

Duration of Last Sickness, about seven hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 18

Undertaker, C H Blizzard

Place of Business, 201 Pen ave

Alfred Hughes *M. D.*
Medical Attendant.

Address 234 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 32688

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Augustus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 93 Years, Seven Months, ~~Sixty~~ Days.

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland Co of Dorchester

Duration of Residence in the City of Baltimore, Seventy Five Years

Place of Death, {Give street and number.} 36 East St

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Asphyxia

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Asbery Cemetery J E Gorsuch M. D.

Date of Burial, June 17th 1879 Medical Attendant.

Undertaker, Wm James Gray *Address* Cor Aisquith & Fayette

Place of Business, 65 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

11

Permit No. 32685

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROP... CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry McClelland

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* 18 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 145 N. Eutaw Street Balto

Duration of Residence in the City of Baltimore, 10 months & 18 days

Place of Death, {Give street and number.} 145 N. Eutaw Street

Cause of Death, First (Primary,) Teething

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, About Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery *W. T. Wilson Jr.* M. D.

Date of Burial, July 17th 1879 Medical Attendant.

Undertaker, Charles Scriven *Address* 146 Park Avenue

Place of Business, Eutaw near Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 32690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16 10 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John L Hess

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co Md 11

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 710 W Lexington St

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician

Place of Burial, Pleasant Grove Church Carroll Co.

Date of Burial, June 18th 1879

Undertaker, John T. Bowers

Place of Business, 319 E. Lemmon Ave

M. L. Warner M. D.
Medical Attendant.

Address Gr Gwynns Falls Rd

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand [redacted]

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 18 *Days.*

Color, ~~Male~~ White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 268 S. Charles St

Cause of Death, First, (Primary.)

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 18 1879

Theodore Lentz M. D.
Medical Attendant.

Undertaker, B. Hail

Place of Business, Light St

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY BLEISTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the Extract from Regulations on the reverse side.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1879

CERTIFICATE OF DEATH.

Date of Death, June 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Hollins

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 54 Leop St.

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.) Cholera Infantum

Duration of last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem'y

Date of Burial, June 18th

J. H. Smith M. D.
Medical Attendant.

Undertaker, J. B. Hanley

Place of Business, 711 Light St. *Address,* 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16. 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Inf~~ Margaret Ryan

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 6 *Years,* 3 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 52 E. Fort Avenue

Cause of Death, {First, (Primary,) Second, (Immediate,)} Scrofula

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, June 17th Thos. Corbett M. D.

Medical Attendant.

Undertaker, B. Harles

Place of Business, 411 Light St. *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Lee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* 15 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 501½ Hanover St

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) asphyxia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemet

Date of Burial, June 18th 1879

Undertaker, Wm. I. Locke

Place of Business,

Wm. R. Hall M. D.
Medical Attendant.

Address 31 N. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Whalen

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, {Give street and number} 3 Bunnyhill St.

Cause of Death, First, (Primary,) Peritonitis

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Marys County | No. R. J. T. P. Ellis M. D.

Date of Burial, June 17th | Medical Attendant.

Undertaker, J B Hearle

Place of Business, 411 Light St. | *Address,* 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Franklin 1435

[OVER.]

OFFICE OF REGISTRAR OF VITAL S[illegible]

Permit No. 32696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara H. Mullen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11 *Years,* *Months,* 2 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 492 N. Fayette st

Cause of Death, First (Primary.) Cholera Inf. Congestion of bowels.

Second (Immediate.) Congestion Chill.

Duration of Last Sickness, About 8 hrs —

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, June 18th 1879

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St

[illegible] Hatchen — M. D.
Medical Attendant.

Address 523 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 8

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Wilson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 21 *Years,* 11 *Months,* 15 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 80 E Dallas St

Cause of Death, {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, June 18th 1879

Undertaker, Theodore J Locke

Place of Business, 73 Jefferson St

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ... 1 1 19 .....

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella Collins

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 357 Sinsin Ave

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } 432 Calhoun st

Cause of Death { First, (Primary,) Lumbago

Second, (Immediate,) .....

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 18 1894

Undertaker, Wm E Blessenth

Place of Business, Market & Pitt

H C Hoen M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Bretzel

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 2 *Years,* 6 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltw. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 70 E. Chapel

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, June 18th 1879

Undertaker, John Burns

Place of Business, Moss & Dunham *Address,* 27 N. Broadway

D. J. Daniel, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rowan McClintock

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 2 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. Md

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} No. 8 S. Charles St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) .....

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Wilmington Del

Date of Burial, Wednesday 18th inst

Undertaker, Geo C Hooker

Place of Business, 441 E Balto St

E. P. Dorsey M.D.
Medical Attendant.

Address, 606 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Faunet 1436

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Webb

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~ Years, 1 Months, ~~ Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 19 Mc Allisters Court

Cause of Death, First, (Primary,) Improper Food

Second, (Immediate,) Diarrhoea

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 17 1876

Undertaker, Chas A. White

Place of Business, Granby St

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenniman

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Stephen Simms

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 10 Bennett Place

Cause of Death { First, (Primary,) Marasmus
Second, (Immediate,) Exhaustion from Diarrhoea

Duration of last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 18 1879

Undertaker, Jas P Byrne

Place of Business, 63 W Fayette *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Mantell

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 71 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 4th & York S

Cause of Death { First, (Primary,) Congestion of Brain
Second, (Immediate,)

Duration of last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, Easton, Md.

Date of Burial, June 17th /79

Undertaker, C. F. Krause

Place of Business, 209 Hanover

Geo. N. Bouse M. D.
Medical Attendant.

Address, 144 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Bans 1437

Bureau of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Martha Dunmore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 4 *Months,* — *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 4 years.

Place of Death, {Give street and number.} Baltimore St.

Cause of Death, First (Primary,) —

Second (Immediate,) General Debility.

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 18. 1879.

Undertaker, S. W. Shoar

Place of Business, 198 Howard St

W. E. Wooden M. D.
Medical Attendant.

Address 240 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Carroll

Sex, Male ~~or Female~~, {cross out the word not required in this line.} M

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, (Colored)

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 15 Mullikin Street

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 18. 79

Undertaker, S. W. Ishmael

Place of Business, 198 S Howard St

Samuel Powell M. D.
Medical Attendant.

Address, No 2 Druid Hill

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle Goodman

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 159. S. Charles St

Cause of Death {First, (Primary,) Diarrhoea
Second, (Immediate,) Chol Infantum

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Balto Hebrew Cem

Date of Burial, June 17 1879

Undertaker, Wm Jacobi

Place of Business, ———

Dr. D C Wilcox M. D.
Medical Attendant.

Address, will send Permit

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stella Goodman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 159 S. Charles St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Cerebral Effusion

Duration of Last Sickness, a week

All the above information should be furnished by the Physician.

Place of Burial, Hebrew cemetery Belair road

Date of Burial, June 18th 1879

Undertaker, James, P, Byrne

Place of Business, No 63 N. Front St

Medical Attendant. C. C. Williams M. D.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 32708

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena Bach

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* Fourteen *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 54 McElderry

Cause of Death, { First (Primary,) Debilitation Convulsions
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alyfonsus Cimetiere D. E. Ireland M. D.

Date of Burial, June 18th. Medical Attendant.

Undertaker, John Kenney *Address* Penna. Ave. N.

Place of Business, 382 Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 39709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18. 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Warren Sidney Stouer

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ~~~~ *Years,* ~~~~ *Months,* 21 *Days,* 20

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} #146 Greenmount Av.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Congestion of Brain

Duration of last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Millers Burg Pa

Date of Burial, June 19th

Geo. L. Hartman M. D.
Medical Attendant.

Undertaker, H. C. Midkiff

Place of Business, 70 Greenmount Ave *Address,* #305 N. Carolina St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Burial 1438

[OVER]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mr. Wm R Strain

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Work keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Williamsburg Co. Va.

Duration of Residence in the City of Baltimore, 11 yrs.

Place of Death, {Give street and number.} No. 157 W. Fayette St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Spasm of Heart

Duration of Last Sickness, from 0-25 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Georgetown D. C

Date of Burial, June 18 1879

J. G. Wetherow M. D.
Medical Attendant.

{*Undertaker,* Jos P. Doane *Address* Fayette & Green St.
{*Place of Business,* Balto & Fremont sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Trans 1439

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Ferguson

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~———~~

Occupation, ~~———~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} No 4 Hanover Lane

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Malnutrition

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 19 1897

Undertaker, S. W. Chase

Place of Business, Howard St

James A Hume M. D.
Medical Attendant.

Address, Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

examined by Jas Vansant

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17 June 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ella Edmonds

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 6 *Years,* 10 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Living Life

Place of Death, {Give street and number} No 70 North Carey St

Cause of Death, First, (Primary.) Uraemia,

Second, (Immediate,) Paralysis of the Heart

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 18th 1879

C. H. Jones *M. D.*
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 650 W. Fayette St

Address, 530 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th, 8 o'clock A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Wagner

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, ——— *Years,* — 8 — *Months,* — 18 — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 496 W. Pratt st.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 213 South Poca Chorea Infantum

Cause of Death, {First (Primary,) / Second (Immediate,)}

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 18th 1879

Undertaker, Wm S Thacher

Place of Business, No 150 Camden st

Smith Alderdice M.D.

Medical Attendant.

Address, 106 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32,714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Gilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 7 Months, Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 52 Parrish alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 52 Parrish alley

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 18. 1879

Undertaker, Samuel W. Chase

Place of Business, 158 Howard st

Alex Warner M. D.
Medical Attendant.

Address Cor Gwynns Falls & Shelter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Doenges

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 118 N Collins St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Inanition

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 18th 1879

Undertaker, J. B Cook

Place of Business, Balto st

Jas A Clements M. D.
Medical Attendant.

Address, Reporter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

examined by Jas Tennant

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William G George

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 310 Graf St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 310 Graf St

Cause of Death First, (Primary,) Diarrhea

Second, (Immediate,) Cholera

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, June 19th

Undertaker, F. Kahler

Place of Business, 611 Schroeder

J. T. Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie E Nash

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~Teacher~~ None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City,

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number} 7 N. Bond St.

Cause of Death {First, (Primary,) Consumption of Lungs

Second, (Immediate,)

Duration of last Sickness, My attendance 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 18. 1899

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway,

John F. Monnaville M. D.
Medical Attendant.

Address, 514 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Louisa Hartmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* Seven *Months,* Seven *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 95 South Wolfe St

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) Collapse

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician

Place of Burial, Mt. Carmel Cemetery

Date of Burial, June 19. 1879

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

Albert B. Lyman M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine E. D. Airey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* ——— *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 228 Pierce St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cem. J. C. Harris M. D.

Date of Burial, June 18th 1879 Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St *Address* No. 361 Lexington St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Knox

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ———

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Bronchial Pneumonia
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, June 18, 1879

Undertaker, Fred A Kershner

Place of Business, 50 Carrollton Ave

A B Bruce M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

32726

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carline Braden

Sex, ~~*Male or,*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, Colored

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, 0

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City,

Duration of Residence in the City of Baltimore, 9 day

Place of Death, {Give street and number} 44 Stockton all Convulsions

Cause of Death {First, (Primary,) ..... Second, (Immediate,) .....}

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, W. B. Cemetery

Date of Burial, June 18 79

Undertaker, Fred'k. A. Reuchman

Place of Business, 50 S. Carrollton ave

Saml Eichelberger M. D.
Medical Attendant.

Address, 582 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPT. OF HEALTH JUN 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas McGinnis

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 13 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number} 10 Hillen n Pl

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Harly Cross Cemetery

Date of Burial, June 19th 1879

Undertaker, James P. Byrne

Place of Business, Front st. *Address,* 97 Greenmount Ave

Silas H Hunter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th June 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophie Henriette Bachman.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, white *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 148 Conway Str.

Cause of Death, First (Primary,) Febris scarlatina. — Diphtheria;
Second (Immediate,) Dentitio difficilis; Spasmi.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, 18th June 1879.

Undertaker, Charles F. Harold.

Place of Business, 161 Hanover Str.

Robert Anthon M. D.
Medical Attendant.

Address 121 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ame Murphy

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 2 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 173 Chestnut St

Cause of Death {First, (Primary,) Infantile diarrhoea
Second, (Immediate,) Four days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's Cem.

Date of Burial, June 19, 1879

Undertaker, Wm. A. Hickman

Place of Business, 234 N. Gay St.

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. BEVANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 92725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1879 M. Schomberg

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick [illegible]

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Twenty Two *Years,* Five *Months,* One *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Segar Manufacturer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 81 Granby St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, 5th St Paul Cemetery H. P. K. Yeates M. D.

Medical Attendant.

Date of Burial, June 19th

Undertaker, H. Frochlich

Place of Business, 246 Eastern Ave *Address* 193 cd. Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1130 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Harris

~~*Sex*~~, *Male* ~~*or Female*~~, {cross out the word not required in this line.}

Age, 4 yrs. *Years,* 2 *Months,* 15 *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City Md.

Duration of Residence in the City of Baltimore, about 3 yrs.

Place of Death, {Give street and number} No 4 Clayton Row. behind Gilmor St. Extended

Cause of Death First, (Primary.) Capillary Bronchitis

Second, (Immediate,)

Duration of last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, ~~Balto Co Md~~ Laurel Cemetery

Date of Burial, June 19 1879

Wm Pickrell M. D.
Medical Attendant.

Undertaker, L. T. Namuth

Place of Business, Saratoga St. *Address,* 520. Penna Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 19 1879 BALTIMORE

Date of Death, June 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Amil Hamm

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ Years, 11 Months, ____ Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 38 Bird St.

Cause of Death, {First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 19th 1879

R. M. Hall M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Shafer Bros & Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19 June 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lester Macrister Harvest

Sex, Male or Female, {cross out the word not required in this line.}

Age, [redacted] *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 4 Month

Place of Death, {Give street and number} 533 W Lombard St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 20

Undertaker, L B Cook

Place of Business, 707 W Fayette Baltimore

Saml Entwisle M. D.
Medical Attendant.

Address, 533 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18 June 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. McKenn

Sex, Male or Female, {cross out the word not required in this line.}

Age, 0 *Years,* 2 *Months,* *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Alley between Biddle & Howard

Cause of Death {First, (Primary,) marasmus

Second, (Immediate,)

Duration of last Sickness, 1 mo

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, June 19 1879

Geo. Fairchild M. D.
Medical Attendant.

Undertaker, David Stafford

Place of Business, 4 Jordan alley *Address,* 129 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Clinton Leavitt

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 510 W. Lombard St

Cause of Death First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of last Sickness, About 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 19

Undertaker, S. H. Cook

Place of Business, 707 W. Pratt St Baltimore

WM. McGinnis M. D.
Medical Attendant.

Address, 582 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Dysle

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, for Life

Place of Death, {Give street and number} 105 Mulliken St

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, June 20 1879

Undertaker, H. Holmes

Place of Business, 63 E. Eden

C. G. Grove Jr. *M. D.*
Medical Attendant.

Address, 137 Eden E

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Ruiz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 7 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 19 N. Caroline St

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) asphyxia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery. J. W. N. Hill M. D.

Medical Attendant.

Date of Burial, 20th of May.

Undertaker, ~~Fred~~ Fred Goede. *Address* 31 N. Bond St

Place of Business, 29 S. Caroline st,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nina Virginia Schubert

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 8 *Years,* 9 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, School Girl

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Howard Co Md

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, { Give street and number } 612 West Lombard

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Injury

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C

Date of Burial, June 19th 1879

J. H. Wolfe M. D.
Medical Attendant.

Undertaker, J. B. Blackistone & Son

Place of Business, 606 Balto St *Address,* 28 North Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 19 1879

CERTIFICATE OF DEATH.

Date of Death, June 16 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Gilbert

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 11 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Child

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 19 S. Eutaw St

Cause of Death { First, (Primary,) Congestion of Lungs
Second, (Immediate,) Congestion of Lungs

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, June 19th

Undertaker, Ivy & Bro

Place of Business, 54 N Broadway *Address,*

W. J. Baetjer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Ann Brack

~~Sex, Male~~ or Female, {cross out the word not required in this line.} Female

Age, ~~Sixty Seven~~ Years, Six Months, — Days.

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give street and number} No. 250 Eastern Ave

Cause of Death, {First, (Primary.) —— Second, (Immediate.) General Debility

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Jersey

Date of Burial, June 20 1879

Undertaker, C F Krause

Place of Business, 209 Harrison

Wm H. Coleman, M. D.
Medical Attendant.

Address, No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Burial 6/20/79

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lottie R. Rabt

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Co Md

Duration of Residence in the City of Baltimore, Abt 17 yrs.

Place of Death, {Give street and number.} 163 Mc Culloh

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Acute Diss.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery D W Kneass M. D.

Date of Burial, June 22nd 1879 Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Wilkes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Peddler

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} City Hospital

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, East Pub Cem

Date of Burial, June 20th 1879

Undertaker, P. Mullin

Place of Business, 67 Cambridge St

David Streett M. D.
Medical Attendant.

Address City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 19 1879

Date of Death, June 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgiana Patterson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 200 S. Bethel St. Private Residence

Cause of Death { First, (Primary,) Mal. Nutrition
Second, (Immediate,) Marasmus

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 19 1879

Undertaker, Thos J. Locke

Place of Business, Jefferson St

Address, Corner of Stack & Register

James A Steuart M. D.
Attending Physician.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die [illegible] said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the cases comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Geo E. Taylor

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 19 1879

CERTIFICATE OF DEATH.

Date of Death, June 18th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Jane Mills

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 4 *Years,* 9 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Child

Occupation, "

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, All Life

Place of Death, { Give street and number } 494 N. Fremont St.

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,) " "

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem'y

Date of Burial, Jan. 20. 1879

Undertaker, Walter Immel

Place of Business, 202 W. Baltimore *Address,* 431 Lemmon Ave

J. Abercrombie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 19 1879

CERTIFICATE OF DEATH.

Date of Death, June ~~20th~~ 18th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Church

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Northampton County Va

Duration of Residence in the City of Baltimore, 23 years.

Place of Death, {Give street and number} 77 Goodman's Alley

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemet

Date of Burial, June 19 '1879

Undertaker, Jacoby Davis

Place of Business, Lee St

Julius Dalle M. D.
Medical Attendant.
Southern Dispensary

Address, 77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Lipson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery & Child's Hospital

Cause of Death, First, (Primary.) Mal-Nutrition

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 19

C. F. Brun M. D.
Medical Attendant.

Undertaker, C. H. Weaver

Place of Business, 201 Penna Ave *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Jr Nelson

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 2 mos ____ *~~Days~~.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

~~Occupation~~, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Nursery & Child's Hospital

Place of Death, {Give street and number} Lafe

Cause of Death, First, (Primary,) Mal-Nutrition

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 19 C. F. Byrn *M. D.*

Medical Attendant.

Undertaker, C H Bloxam

Place of Business, 201 Penna *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Thomas Burton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* about 5 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 540 South Charles St

Cause of Death, First (Primary,) Enteritis

Second (Immediate,) exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, June 20th 1879

Undertaker, Julius Koehler

Place of Business, Sharp & Cross

Rich'd Henry Thomas M. D.
Medical Attendant.

Address Cor. Eutaw & Biddle Sts
Thursday 438 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Callahan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 14 Years

Place of Death, {Give street and number.} 58 King St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

I have not seen him for 6 Months

Place of Burial, St. Vincents B. Ground Geo. B. Reynolds M. D.

Medical Attendant.

Date of Burial, June 20 1879

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway *Address* 4 & N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 92745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1879

JUN 19 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Rauss

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Wheelwright

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} Spring Gardens near Ramsay

(Residence) Sleuth Sh West of St. Paul

Cause of Death First, (Primary,) Drowned

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cem Baltimore Co

Date of Burial, June 19th

Undertaker, Wm J. Eckert

Place of Business, 65 S. ~~Paca~~ Eutaw

R. C. Leon M. D.

~~Medical Attendant~~

Coroner's D.

Address, Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. JULIANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 19 1879

Date of Death, June 19, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Eugenia Hall.

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 7. *Months,* 17. *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 55 Aisquith St

Cause of Death, {First (Primary,) Rubeola Infantum

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 21 1879

Undertaker, Thos S Hughes

Place of Business, 52 E Baltimore St

J. W. Hook M.D.
Medical Attendant.

Address, 95 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Stoerner

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 43 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Tanner

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Bavaria (Germany)

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number} No 59 N Wolf st

Cause of Death, First, (Primary,) Sporadic Cholera, with all the

Second, (Immediate,) pathognomonic characteristics of true cholera

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Old Roman Catholic Cemetery

Date of Burial, June 20th

L A Winternitz M. D.
Medical Attendant.

Undertaker, Ambrose Kohler

Place of Business, 214 E Lombard *Address,* 12 S Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[97.48.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Gibbons

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 1 a Hill Street

Cause of Death { First, (Primary,) Epilepsy
Second, (Immediate,) Convulsions

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, 20 June 879

Undertaker, John C. Grush

Place of Business, 165 West Pratt

Address, 3 Hill Street

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 19 1879

CERTIFICATE OF DEATH.

Date of Death, June 18. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph L. Mark

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. Co.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} No 20 Riverside ave

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Balte Cemetery

Date of Burial, June 20th 1879

Undertaker, Armstrong & Dorsey

Place of Business, 263 Light St

Dr Kyle M. D.
Medical Attendant.

Address, 17 Warren ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hermine Carolina Schroeder

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* 6 *Months,* 16 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 58 Edmondson avenue

Cause of Death, First (Primary,) Organic Disease of Heart (Valvular)

Second (Immediate,) General Dropsy - with Gangrene of Left Foot

Duration of Last Sickness, 6 Months -

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park. J. E. Gibbons M. D.

Date of Burial, 22 June - 79. Medical Attendant.

Undertaker, Clemens Hensel. *Address* 47 Edmondson Ave

Place of Business, 48 Penn Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32751

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Becker

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 1248 S Spring st

Cause of Death { First, (Primary,) .....
Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 20. 1879

Undertaker, Christoph Werner

Place of Business, Low st

I Am A Clemm M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

examined by Los Clemm

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edd Jamison

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... 3 *Months,* ..... 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 283 Aisquith St

Cause of Death, First (Primary,) Enteritis

Second (Immediate,) .....

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, 20 June 10 Oclock

Undertaker, Geo. C. Rodenmayer

Place of Business, 38 Exeter Street

Edwd Pattison M. D.
Medical Attendant.

Address, 157 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUN 19. 1879 BALTIMORE

Date of Death, June 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Agnes Steele

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 68 S. Carrollton Ave

Cause of Death { First, (Primary,) Marasmus

Second, (Immediate,) .....

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, June 19

Undertaker, J B Cook

Place of Business, 707 W Pratt *Address,* 508 W Dayton st

John Neff *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 19 1879

CERTIFICATE OF DEATH.

Date of Death, June 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmore Farquharson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 26 *Years,* 8 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Collector

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 14 S. Broadway

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Anemia

Duration of last Sickness, 4½ months

All the above information should be furnished by the Physician.

Place of Burial, Green mount [illegible]

Date of Burial, June 20 1879 James C. McShane M. D.

Medical Attendant.

Undertaker, Frs & Bro

Place of Business, 5 Fst Broadway *Address,* 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32755

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederik Kronitzky

~~Sex~~, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~ *Years,* 9 *Months,* ~ *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 72 Bortonstr

Cause of Death, First, (Primary,) Hydrocephalus

Second, (Immediate,) Eclampsia

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ger. Ref. & 2d German Presb. Cemetery.

Date of Burial, 20th of May.

Undertaker, Fred Gaede.

Place of Business, 29 & Caroline *Address,* 248 E. Monument St

J. Hartline M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 32756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 19 1899

Date of Death, June 18th 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles. Smith.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 50 Dunstal. ?

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Monbund when seen — 2 Hrs.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 20/99

Undertaker, B. Neale

Place of Business, Light St

H. Smith M. D.
Medical Attendant.

Address, 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 32757

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19 June 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinand Volkers

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* 6 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in the United States if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} W Fayette Street 347

Cause of Death, First (Primary.) Cholera morbus

Second (Immediate,) Paralysis of Heart

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 21st 1879.

Undertaker, Adam Weidemeyer

Place of Business, 578 W. Baltimore St.

L. L. Reinhard M. D.
Medical Attendant.

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Burges

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One *Years,* One *Months,* Two *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} No 29 N. Paca St

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,) Three days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 20 1879

Undertaker, Peter Kunnert

Place of Business, 317 Mulberry St

R. Ridin M. D.
Medical Attendant.

Address, 87 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Liam Lopez

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} M

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 408 N Eutaw

Cause of Death, First (Primary,) Summer Complaint

Second (Immediate,) One Week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 20. 5 PM

Richd. McSherry M. D.
Medical Attendant.

Undertaker, John E Haught

Place of Business, 317½ Pennsylvania Ave *Address* 18 9th Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie May Boring

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 22 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 156 Division St

Cause of Death { First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 20 1879

A. C. Fox M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, Penna Ave Address, Cor Fayette & Schroeder sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Dippel

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 40 *Years,* 11 *Months,* 11 *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 12 Durst alley

Cause of Death, {First, (Primary,) Second, (Immediate,)} Apoplexia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 20th

Undertaker, B. Hasler

Place of Business, 411 Light St.

R. H. P. Ellis *M. D.*
Medical Attendant.

Address, 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Welch

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 4 m 3 *Years,* ..... *Months,* ..... *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 4 3 yrs.

Place of Death, {Give street and number} 104 Strawberry

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) 2 yrs

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive — Dr. R. P. Ellis M. D.

Date of Burial, June 23 — Medical Attendant.

Undertaker, B. Hanke

Place of Business, 411 Light St. — *Address,* 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ician, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32763

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19. 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosina Augusta Graf

Sex, Male or Female, {cross out the word not required in this line.} F

Age, ... *Years,* 6 *Months,* 13 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 260 N Pratt

Cause of Death {First, (Primary,) Enteritis

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, June 20.

Undertaker, John Leufel

Place of Business, 616 W. Balto. St. *Address,*

D. Gilchrist M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 32764

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore, 32764

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th June 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Siegel Gutsmith

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 72 *Years,* 2 *Months,* 1 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Businessman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 19 E Hughes St.

Cause of Death, First (Primary,) Dysenterie

Second (Immediate,)

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Eden & Hebrew Cemetery

Date of Burial, June 22nd 1879

Undertaker, Wm. Elam

Place of Business, 101 Gough St

Mattson M.D.
Medical Attendant.

Address, 57 Augusta

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1879

CERTIFICATE OF DEATH.

Date of Death, June 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E Neisser

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 350 Ramsey St

Cause of Death First, (Primary,) Hooping Cough, following Scarlet Fever.

Second, (Immediate,) Hemorrhage

Duration of last Sickness, Four week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetary

Date of Burial, June 21 1879

Undertaker, John P Poulson

Place of Business, 66 Fredrick Ave

Wm Legeler M. D.
Medical Attendant.

Address, W Lafayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 20 1879 BALTIMORE

Date of Death, June, 19th 11.20 A.M. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Emaver

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 68 S. High St

Cause of Death { First, (Primary,) Second, (Immediate,) Dentition

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Balt Md~~ Loudon Park

Date of Burial, June 21 1879

Undertaker, Jas F. Bartlett

Place of Business, 68 S. High St Balto

A. Hergt Thurston M. D.
Medical Attendant.

Address, 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. furnish within forty-eight hours after the death to

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...spectfully invited to the Remarks below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Buchsaume

Sex, Male or Female, {cross out the word not required in this line.}

Age, 37 *Years,* 1 *Months,* 24 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, restaurant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 220 Bond St.

Cause of Death, First, (Primary,) Consumption of the lungs

Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 22 /79

Undertaker, Wendelin Dingel

Place of Business, Bond 157 S.

J. J. Litter M. D.
Medical Attendant.

Address, 161 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 32768

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Mitchell

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color,

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 230 Pierce St

Cause of Death, First (Primary,) Heart Disease, (Do not know what particular form, being called but a few hours before death.

Second (Immediate,)

Duration of Last Sickness, 6 months (So informed)

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, June 21st

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St

J. W. C. Cuddy. M. D.
Medical Attendant.

Address 343 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bena Dumbler

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 1 *Years,* 5 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balte. Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 278 N. Broadway

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, June 21, 1879

Undertaker, Henry Hook

Place of Business, 309 Central ave

Jno Burke Boyle M. D.
Medical Attendant.

Address, 116 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Evans

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} No 6 Eutaw St

Cause of Death {First, (Primary,) —
Second, (Immediate,) Convulsions

Duration of last Sickness, 1 Minute

All the above information should be furnished by the Physician.

Place of Burial, Dallis St Cemetery

Date of Burial, June 20th 1879

Silas H. Hamilton M. D.
Medical Attendant.

Undertaker, Abraham Hayman

Place of Business, Saratoga St near Eutaw St

Address, 97 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie L Lee

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Two (2) *Years,* Four (4) *Months,* Eighteen (18) *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 69 Lawson Alley

Cause of Death, {First, (Primary,) Scarlatina

Second, (Immediate,) Gen Debility

Duration of last Sickness, Two (2) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 20 1879

Undertaker, S Wheall

Place of Business, 198 S Howard St

M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah D. Hammond

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, 18 Days.

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 16 Wagon St.

Cause of Death, First (Primary,) Inanition

Second (Immediate,) Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, June 20 1879

Undertaker, Wm. A. Dungee

Place of Business, No 62 East, St

Hill & Smith M. D.
Medical Attendant.

Address 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 32773,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Paesbury Jenkins

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 36 Mount Vernon Place

Cause of Death, First (Primary,) "The Puerperal State"

Second (Immediate,) Venous Thrombosis of Pulmonary Artery

Duration of Last Sickness, about 40 minutes

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 21st June 1879

Ruppin Buckler M. D.
Medical Attendant.

Undertaker, H. W. Jenkins & Son

Place of Business, #16 Light st. *Address* 135 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph E Robertson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* Nine *Months,* ——— *Days.*

Color, Colored *Sex.* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} # 7 North Dallas

Cause of Death, First (Primary,) Cholera Infant

Second (Immediate.)

Duration of Last Sickness, Five weeks

Saw the child but once

H. E. Hart M. D.

Medical Attendant.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, June 20th 1879

{*Undertaker,* Theodore J Eckel.

{*Place of Business,* 73 Jefferson st.

1241 E Baltimore St

Extract from Regulations of the B[oard] of Health to secure a full and correct record of Vital Stat[istics] in the City of Baltimore.

SECTION 2. And it be further enacted and o[rdained] that it shall be the duty of the Physician who attended during his or [her] last illness any person who shall die in the said city, within forty-eight hours after the death, to th[e] Coronor, when the case comes under his notice, to furnish setting forth, as far as the same can be ascertain[ed] other person or persons superintending the burial, a Certificate deceased, and the cause and date of death, exe[cution], sex, age and condition (whether married or single) of the person [and] births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th, 1:30 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Elizabeth Naumann,

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.} Female

Age, ——— *Years,* Three *Months,* Thirteen *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} N. 27 Newberry Alley

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} N. 64 N. Spring Street

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, June 21. 1879.

Undertaker, J. D. Rossiter

Place of Business, 97. Wards.

Wm. H. Goldsmith M.D.
Medical Attendant.

Address, 106 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20th 2 o'clock, A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert Miller Seagers

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ——— *Years,* ——— *Months,* Twenty-one *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} N.W. Cor. Fremont & McHenry Sts.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} N.W. Cor. Fremont & McHenry Sts.

Cause of Death, First (Primary,) Unknown; Child born debilitated & never respirated.

Second (Immediate,) ———

Duration of Last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 20 1879

Undertaker, Jas H. Loane

Place of Business, Fremont Balto

Saml H. Eldendei M.D.
Medical Attendant.

Address, 106 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernestina H. Weitner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 81 *Years,* 6 *Months,* 15 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Nun

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germania, 45 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 249 E. Broadway

Cause of Death, First (Primary,) old age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Dr. Martin Fuh M. D.

Date of Burial, June 22d 1879 Medical Attendant.

Undertaker, Jno Lucas *Address* E. S. Broad St.

Place of Business, 25 E Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

See following Certificate

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Spencer Parson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 53 Darien Avenue

Cause of Death, First (Primary,) Pneumonia Croup

Second (Immediate,) Asphyxia with Coma

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 21st 1879

Undertaker, John E. Hodgkin

Place of Business, Penna Ave

Dr H Stiffenhofer *M. D.*

Medical Attendant.

Address 1192 W

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1879

CERTIFICATE OF DEATH.

Date of Death, June 19 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas H. Gainor

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 4 *Years,* 2 *Months,* 7 *Days.*

Color, Mulatto

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number} 412 Lexington St.

Cause of Death, First, (Primary.) Meningitis Tuberculor.

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, June 21st 1879

Undertaker, Osborn & Parlett

Place of Business, 203 1/2 E. Balto

W. F. A. Krumb M. D.
Medical Attendant.

Address, 55 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32780

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ernest Lines

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* Ten *Months,* — *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 10 11 Stirling St

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Exhaustion convulsions

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, 20. June

Whitfield Vinson M. D.
Medical Attendant.

Undertaker, Charles A. White

Place of Business, 38 Granby *Address,* 108 E. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 32781

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Hamilton

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} Union Protestant Infirmary

Cause of Death, {First (Primary,) Old age

Second (Immediate,) general debility.

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 22d 1879

{*Undertaker,* Wm Weaver

Place of Business, No 202 N Eutaw St

Chas Fawcett M. D.
Medical Attendant.

Address 92 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Grau

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* Two 3 *Months,* Twenty nine (29) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ / ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Salt City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} No 6. Lucas Street

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, Six (6) Days

All the above information should be furnished by the Physician.

Place of Burial, St. Michael's Ground

Date of Burial, June 20 1879

Undertaker, H. A. Dayer

Place of Business, 114 S Bond

T. H. Shaw M. D.
Medical Attendant,

Address, Cor Bayard & Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Albert Brown Venable (Albert)

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 5 *Years,* 7 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 60 Lombard

Cause of Death { First, (Primary,) Diphtheria & Sore Throat

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 23d 1879

M. D.
Medical Attendant.

Undertaker, Fry & Sno

Place of Business, 574 W Broadway *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 20 1879

Date of Death, July 19 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emmer K. Friedlein

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 13 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~.....~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number} No 532 Saratoga St

Cause of Death {First, (Primary,) Typhoid Fever

Second, (Immediate,) .....

Duration of last Sickness, 24 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June the 20

Jno Glover M. D.
Medical Attendant.

Undertaker, E. J. Sellman

Place of Business, C. C. The Face *Address,* 49 Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Bowen

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 11 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 mnths

Place of Death, {Give street and number} 30 Bird St

Cause of Death, First, (Primary,) Spasms from Malarial toxemia

Second, (Immediate,) Acetis

Duration of last Sickness, 8 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Collins Co

Date of Burial, June 21

Undertaker, B. Hoale

Place of Business, 411 Lig Ave

Ruth P. Ellis *M. D.*
Medical Attendant.

Address, 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1454

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 21 1879 BALTIMORE

Date of Death, 20 June

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mattie Frances Green

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 10 Norris alley

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 10 Norris alley

Cause of Death, {First (Primary,) .....
Second (Immediate,) Inanition

Duration of Last Sickness, one week

All the above information should be furnished by the Physician

Place of Burial, Sacred cemetery

Date of Burial, June 20th 1879

Undertaker, Wm A. Dunges

Place of Business, 62 East st

W. K. Warren M. D.
Medical Attendant.

Address Lawrence & Pratt's

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 32787 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Merryman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Home Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Co.

Duration of Residence in the City of Baltimore, Jeny

Place of Death, {Give street and number.} 106 Little Green St

Cause of Death, {First (Primary,) General debility & old age

Second (Immediate.)

Duration of Last Sickness, Few weeks

All the above information should be furnished by the Physician.

Place of Burial, Arlington, Balto. Co

Date of Burial, June 21st 1879

Undertaker, John L. Andrews

Place of Business, 104 & 106 Druid Hill Ave

D. M. Wilson M. D.
Medical Attendant.

Address 287 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 32788

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chancy Musselman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, Two Months, Twenty-one Days.

Color, White Sex,

~~*Married*~~, *Single*, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 211 Druid Hill Ave.

Duration of Residence in the City of Baltimore, Two months and three weeks.

Place of Death, {Give street and number.} No. 211 Druid Hill Ave,

Cause of Death, First (Primary,) Debility-

Second (Immediate,) Anemia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 22 " 1879

Undertaker, Geo Schilling

Place of Business,

J. B. Gardner M. D.
Medical Attendant.

Address 120 W. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 21 1879

Date of Death, June 20 / 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sicinski

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* / *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bohemia

Duration of Residence in the City of Baltimore, 5 Wks

Place of Death, {Give street and number.} 20 Dunken Alley

Bridge Duncan

Cause of Death, {First (Primary,)} {Second (Immediate,)} 6 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels' Cem

Date of Burial, June 21 / 79

Undertaker, John Henry

Place of Business, 386 Orleans St

E. Hall Lee M.D.
Medical Attendant.

Address, 131 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Permit No. 32790

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 21 1879 MORE

Date of Death, June 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta C. Langhorst

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* Seventeen *Months,* ——— *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 35 N. Carolina St.

Cause of Death, First (Primary,) Hydrocephaloid

Second (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Tomorrow 2 Oclock P.M.

Undertaker, Jacob Myerlee

Place of Business, No 21 Hanover

De Lancey H. Barclay M. D.
Medical Attendant.

Address 47 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Koy

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 23 Cook st

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 22d

Heathcock M. D.
Medical Attendant.

Undertaker, John E Clough

Place of Business, 319 Penn ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Sockes

JUN 21 1879 BALTIMORE

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* two *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Continuous

Place of Death, {Give street and number} No 18 Welcome alley

Cause of Death { First, (Primary,) Pastial Ophysthotonic convulsions
, Second, (Immediate,) Tetanus

Duration of last Sickness, From Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 21 1879

Undertaker, S. W. Chase

Place of Business, 180 Edmondson Av

L. A. Lyon M. D.
Medical Attendant.

Address, 14 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

Permit No. 32793

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Douglas Lunn

JUN 1879 BALTIMORE

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 8 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 176 Division Street

Cause of Death, First, (Primary,) Diarrhea

Second, (Immediate,) Meningitis probably Tuberculous

Duration of last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, June 21/79

Undertaker, W. W. Jenkins & Son

Place of Business, 16 Light St

Martin Brown M. D.
Medical Attendant.

Address, 6 S. Mc Culloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Chambers.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5-9 *Years,* 0 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Coachman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} American

Duration of Residence in the City of Baltimore, 5 9 yrs.

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Tuberculosis Peritonitis (Chronic)
Second, (Immediate,) Anthrax

Duration of last Sickness, 9 mos. (In Hospital 2 hrs before death)

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 21st 1879

Undertaker, S. F. Byrne

Place of Business, 59 Liberty

David Shuell M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Irvin Berman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Low 2t 35

Cause of Death, First, (Primary.) Inanition dis to no breast milk

Second, (Immediate,) Indigestion Marasmus

Duration of last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, June

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, Wilson & Benge

Place of Business, No 62 East St

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore

Permit No. 32796

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19 " 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Matilda Allen

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, 14 *Years,* 11 *Months,* 16 *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } ~~Balto~~ Md

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and number } 206 Raborg St

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Inflamatory Rheumatism

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, June 21 " 1879

Undertaker, W. H. Dunge

Place of Business, 10 Stockton St

James Allen M. D.

~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by - Joseph Vanosdal

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Giles

Sex, Male or Female, {cross out the word not required in this line.} ——

Age, —— *Years,* 1 — *Months,* 24 *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 198 Hanover

Cause of Death, First, (Primary.) ——

Second, (Immediate,) Gangrene of the Scrotum

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 21st

Undertaker, Hercules Ross

Place of Business, 95 Conway St.

Thomas Ent & Co M. D.
Medical Attendant.

Address, 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. [07...]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 21 1879 BALTIMORE

Date of Death, 20 June 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Griffin

Sex, Male or Female, {Cross out the word not required in this line.} Days.

Age, 70 Years, Months,

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number.} 12 Iron alley

Cause of Death, {First (Primary,)} Chillas Bronchitis

{Second (Immediate,)} Dilation of Heart, chronic

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 22 1879

{Undertaker, The. Locke

{Place of Business, Jefferson St

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, Ci

Permit No. 32,797

The Physician who attended any person in a last illness is respons
out, to the Undertaker or other person superintending the burial, withi
sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained w

CERTIFICATE O

Date of Death, June 21st 18

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willia

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 1

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 198 Hanc

Cause of Death, {First, (Primary,)

{Second, (Immediate,) Convulsions 7

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 21st

{Undertaker, Hercules Ross

{Place of Business, 95 Conway St

Address,

Extract from Regulations of the Board of Health to secure
Vital Statistics in the City of Balti

SECTION 2. And be it further enacted and ordained, That whenever any pers
duty of the Physician who attended during his or her last sickness, or the Coroner
furnish within forty-eight hours after the death to the Undertaker or other persons
ting forth as far as the same can be ascertained, the full name, sex, age and condit
son deceased, and the cause and date of death, except in cases of births and deaths

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Sauder

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 6 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 87 Dover St

Cause of Death, First, (Primary,) General debility

Second, (Immediate,) the same

Duration of last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, June 21st 1879

Henry Salzer M. D.
Medical Attendant.

Undertaker, Fred A. Kercher

Place of Business, 50 S. Carrollton (Ave) *Address,* 165 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Lynch,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* 7 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and number} 33 N Pine St

Cause of Death {First, (Primary,) Cholera Infantum —
Second, (Immediate,) Meningitis —

Duration of last Sickness, Two Days —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 22d 1879

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

W. H. Leguelin — M.D.
Medical Attendant.

Address, S.W. Cor Fayette & Calvert Sts —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32801

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUN 21 1899 BALTIMORE

Date of Death, June 21 - 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Fremont Ohio

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 4 E Fremont st

Cause of Death, First, (Primary,) Peliguetaria

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Reisterstown

Date of Burial, June 23 99

Undertaker, C W Hizzard

Place of Business, 201 Penn Ave

A. J. Jones M. D.
Medical Attendant.

Address, Corner Fremont and

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 21 1879

Date of Death, June 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George D. Gaiz

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 23 *Years,* 11 *Months,* 9 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number} 288 S Bond St

Cause of Death, First, (Primary,) Surgical Operation

Second, (Immediate,) Secondary Hemorrhage

Duration of last Sickness, 22 days = After Operation

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, June 22nd 1879

Undertaker, L. Ritz

Place of Business, Nos. 129 & 131 S. Broadway

John I. Fitter M. D.
Medical Attendant.

Address, 160 Saratoga

A. Theo. Shertzer M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32803

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A Little

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} —

Age, — *Years,* 6 *Months,* 8 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, /

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 37 Randall St

Cause of Death, First, (Primary.) —

Second, (Immediate,) Edema Dysentery

Duration of last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Calvert Cemetery

Date of Burial, June 21 79

Medical Attendant. Thomas Ertle M. D.

Undertaker, Anthony Dimes

Place of Business, 163 Light St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thaddeus Henry

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 64 *Years,* 8 *Months,* ..... *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and number} 5 Short St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 22nd

E. B. Fenby M. D.
Medical Attendant.

Undertaker, Hercules Ross

Place of Business, 95 Conway St. *Address,* 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 32805

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leo Preis

Sex, Male or Female, {Cross out the words not required in this line.} M

Age, 7 *Years,* 2 *Months,* 4 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 6 N. Eden 80

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Jacobs Cemetery

Date of Burial, June 22. 1879

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St.

H. J. Reynolds M.D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 32806 32806

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Augustus Airey.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ... 9 *Months,* ... 7 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 228 Pierce St.

Cause of Death, {First (Primary,) Scarlet Fever.

Second (Immediate,) 2 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, June 21

Undertaker, J P Cook

Place of Business, 707 West Baltimore St

J. W. C. Cuddy, M. D.
Medical Attendant.

Address 363 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled it*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annetta Brian

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 320 McHenry St

Cause of Death { First, (Primary,) Dont know

Second, (Immediate,) Scarlet fever

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 21

Undertaker, J B Cook

Place of Business, 702 W Pratt Baltimore

W R McKenzie M. D.
Medical Attendant.

Address, 3823 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No 32808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 21 1879

Date of Death, June 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Livingston M.c Clintock

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Years, 2 Months, 10 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, All his Life

Place of Death, {Give street and number.} No. 8 S. Chester

Cause of Death, First (Primary.) Diarrhoea

Second (Immediate,) Exhaustion

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Wilmington, Del.

Date of Burial, June 26 1879

Undertaker, Thos. S. Hughes

Place of Business, 60 E. Balto St.

E. L. Ivens M.D.
Medical Attendant.

Address, 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Trans 16 Oct 82

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 32809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 21 1879

Date of Death, June 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Louis Lenzen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 72 O'Donnell St

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 72 O'Donnell St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 22th

E. L. Wellenny M. D.
Medical Attendant.

Undertaker, E. E. Bell

Place of Business, 98 Elliott St. *Address,* 17 Valentine St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32810

The Physician who attended the person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Greenbaugh

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ct E

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 500 E. Fayette

Cause of Death, {First, (Primary,) Meningitis

Second, (Immediate,)

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebron Cemetery

Date of Burial, June 22 1879

Undertaker, Wm. Elam

Place of Business, 102 Gough St *Address,*

Alban Blunt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours*, after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand Dozzler

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 6 3 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 931 N. Bond St.

Cause of Death, {First, (Primary,) Dranition

Second, (Immediate,)

Duration of last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, June 22 1879

Undertaker, Henry Heath

Place of Business, 389 Central Av *Address,* 321 N. Broadway

W. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[074...]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 32812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Mary~~ Ann June 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Watkins

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ~~1~~ Years, 5 Months, 22 Days.

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 194 Preston St

Cause of Death { First, (Primary,) Diarrhoea & Collapse
Second, (Immediate,)

Duration of last Sickness, one day — seen by me once, hours before death.

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, June 22 nd 1879

Undertaker, Wm H. Gough

Place of Business, 662 East St

H. Winslow M. D.
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 32813

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Carpenter

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 10 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Delaware

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and number.} 155 Low St.

Cause of Death, First (Primary,) Bright's Disease

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 23 and 1879

Undertaker, Wm. N. Dwyer

Place of Business, No 62 East St

E. B. Fenby M. D.
Medical Attendant.

Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Permit No. 55814

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Virginia Klemle

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, ... *Years,* 5 *Months,* ... *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 210 Saratoga St

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,) ...

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 22nd 1879

{*Undertaker,* Joseph F Byrne

{*Place of Business,* 599 Liberty

Richard McSherry M. D.
Medical Attendant.

Address 189 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimor

Permit No. 35815

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jackel

Sex, Male or Female, {cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Helper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number} 26 Gettings St

Cause of Death, First, (Primary.)

Second, (Immediate,) Apoplexy

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 24th

Undertaker, B Wade

Place of Business, 411 Light St

Thos C Hall M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 33814

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura*
out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert James Henly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 years *Years,* *Months,* *Days.*

Color, Negro — *Sex,* Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Musician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto: City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 2 Mulberry St Balto City

Cause of Death, First (Primary,) Phthisis Pulmonalis —
Second (Immediate,) Exhaustion —

Duration of Last Sickness, 6 months —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 22nd

Undertaker, C. A. Wagaman

Place of Business, 13. Baltimore St *Address* 89 Franklin St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 32817

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margeret Emilina Brower

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* 21 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 15 Harris alley

Cause of Death, First (Primary,) Bronchitis chronic

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, Bronchitis for 6 mos 4 days congestion of Brain

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cimitery

Date of Burial, June 22 1879

Wm N. Hill M. D.
Medical Attendant.

Undertaker, H. M. Gebmeyer

Place of Business, 341 Canton Av. *Address* 31 N. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 33818

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21/79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marian G. Rinnie

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* ..... 6 *Months,* ..... 14 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No. 15 N. Bond

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 23rd 1879

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway

R. M. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 33815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Hohlbein

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ~~~~ *Years,* 8 *Months,* 13 ~ *Days*

Color, White

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 115 Asquith st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 23 1879

Undertaker, M. H. Diec

Place of Business, 183 Columbia Av

Thomas P. Evans M.D.

Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32820

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hendra Eagan

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 66 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 294 Riverside Av

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, about 4 years. I was first called last Feb but she was beyond the reach of Med

All the above information should be furnished by the Physician.

Place of Burial, Saint Alphonsus Cemetery

Date of Burial, June 28th

Undertaker, J. B. Harle

Place of Business, 411 Light St.

H. B. Asche M. D.
Medical Attendant.

Address, 17 Warren Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 33821

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James M. Cliff

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 773 Milton Ave

Cause of Death, First, (Primary.)

Second, (Immediate,) Dysentery

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, June 23 1879

Undertaker, L Denny

Place of Business, Montpelier

Sheridan Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BRUNTY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 32855

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Saunders

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, One *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Not Known

Duration of Residence in the City of Baltimore, Not Known

Place of Death, { Give street and number. } 33 Arch St

Cause of Death, { First (Primary,) Umbilical Hernia
Second (Immediate,) Atrophy

Duration of Last Sickness, about six months said

All the above information should be furnished by the Physician.

Place of Burial, Shasp St Cemetery E. H. Hollbrook M. D.

Date of Burial, June 22nd 79 Medical Attendant.

Undertaker, Wm Ramsay Grey

Place of Business, 15 Somerset St *Address* Hosp. Free Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL ST[illegible]

Permit No. 55853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Colvin

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 43 Brown St

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) 11 days

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, June 22-1879

J. O. Hannaghan M. D.
Medical Attendant.

Undertaker, Amos Penn

Place of Business, 163 Light St *Address,* 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 32824

OFFICE OF REGISTRAR OF VITAL [illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis S. Wilson

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 24 *Years,* 4 *Months,* 19 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Waiter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} No 228 Barney St

Cause of Death, {First (Primary,) Burn / Second (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Md

Date of Burial, June 23d 1879

Undertaker, Armstrong & Henry

Place of Business, 263 Light St

P G Wandell M.D.
Medical Attendant.

Address, 203 W Saratoga

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Permit No. 32825

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August F. W. Wehrenberg

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 130 Fabor St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Germin Luther & Mt Hill Park

Date of Burial, June 23. 1879.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St

Hill & Smith M. D.
Medical Attendant.

Address 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Bell Linzy

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 7 N Burke St.

Cause of Death { First, (Primary,) Pertussis / Second, (Immediate,) Convulsions

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 23rd

J. H. Collenberg *M. D.*
Medical Attendant.

Undertaker, Wendelin Depuel

Place of Business, Bond St 151 *Address,* 357 Eleanor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas S. Gaubler

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, 1 week

Place of Death, {Give street and number} 538 S. Paca st

Cause of Death {First, (Primary.) Premature birth (one of twins)
Second, (Immediate.)

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Washington D C

Date of Burial, June 23d 1879

Undertaker, Chas S Gaubler

Place of Business, ... *Address,* Hyattsville

Thos A Steen M. D.
~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transmit Permit

Examined by Jos Vansant
Sanitary Inspector

1444

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32828

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 1879 BALTIMORE

Date of Death, June 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Stewart

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Nine Years, Eleven Months, Twelve Days.

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number} No 11 Hanson's Alley

Cause of Death { First, (Primary,) Acute Cachexia - Erysipelas - Acute Bright's Disease - Second, (Immediate,) Dropsy - Anasarca - Coma -

Duration of last Sickness, Thirteen Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 23. 1879

Undertaker, Samuel H. Chase

Place of Business, 195 S. Howard St

J. H. Whitehurst M. D.
Medical Attendant.

Address, 36 Portland St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 22854

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st, 6:20, A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene P. Snowden

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.} Male

Age, One *Years,* One *Months,* Six *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Lawson Alley

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} N. 141 Iceland Street

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia.

Duration of Last Sickness, Seven Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 22 1879

Undertaker, Samuel Shaw

Place of Business, 198 S Howard St

Emil Olendieck, M.D.
Medical Attendant.

Address, No 106 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliz Brooke

Sex, Male or Female, { cross out the word not required in this line. } ~~Female~~

Age, 62 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Lauruhurst

Date of Burial, June 22 1879

Undertaker, S. W. Shaw

Place of Business, 188 S Howard st *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Belle Kartz

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 24 *Years,* 11 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. County, Md - 22 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} #135 Division St.

Cause of Death { First, (Primary,) Pulmonary Consumption
Second, (Immediate,) 12 months.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Park Cemetery

Date of Burial, [redacted] June 23rd 79

Undertaker, William Deaver

Place of Business, Eutaw St. Baltimore

Samuel J. Knight M. D.
Medical Attendant.

Address, 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JUN 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21/79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan G. Lipps

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.} Male

Age, ——— *Years,* 3 *Months,* 25 *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 95 N. Stricker St.

Cause of Death, First (Primary,) Inflamation of Kidneys & Bladder

Second (Immediate,) " " "

Duration of Last Sickness, Sick about 4 weeks, Had Diarrhoea first.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, June 23d 1879

Undertaker, F. Lewis Schaefer

Place of Business, 109 N. Fremont St

H. K. Fetterhoff M.D.
Medical Attendant.

Address, 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 35838

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1879 BALTIMORE

Date of Death, June 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H Bryant—

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} "

Age, (71) Seventy one *Years,* (1) one *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant—

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Penna

Duration of Residence in the City of Baltimore, (12) Twelve Years

Place of Death, {Give street and number.} N W Cor Center & S Clarke Sts

Cause of Death, First (Primary,) Brain Softening—

Second (Immediate,) " "

Duration of Last Sickness, General "

All the above information should be furnished by the Physician.

Place of Burial, Lowden Land

Date of Burial, June 23d 1879

Undertaker, John Kolbrough

Place of Business, 319 Penna Ave *Address*

Edmans— *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

~~State of Maryland, City of Baltimore,~~

Permit No. 32834

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elmer Wilson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 11 Months, 9 Days.

Color, White Sex, Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 11 Mo. 9 days

Place of Death, {Give street and number.} Watson St No 8.

Cause of Death, First (Primary,) Teething

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 23

Wm H Simms M. D.
Medical Attendant.

Undertaker, John R Hough

Place of Business, 319½ Penna Ave

Address 294 N Calvert or 65 N Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Stirley.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 2 *Months,* 13 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 4 Smith St Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 4 Smith St. Balt

Cause of Death, First (Primary,) ____

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Park

Date of Burial, June 23d 1879

Jno. S. Fulton M. D.
Medical Attendant.

Undertaker, John E Hough

Place of Business, 319½ Penn Ave

Address No 34 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 32836

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Joyce

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 252 Battery Ave

Cause of Death { First, (Primary,) Dysentery
Second, (Immediate,)

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 23 1879

Undertaker, B. Hartel

Place of Business, Fayette St *Address,*

S Lunsford M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Griffin

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* One *Months,* Twenty Eight *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} 226 West Street

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Meningitis

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St.

Date of Burial, June 23rd

Undertaker, Hercules Ross

Place of Business, 95 Conway St.

L. D. Lyon M. D.
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 32838

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert King

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color,

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baden Germ 40 yrs

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 32 Canton Ave

Cause of Death First, (Primary,) Caused by Drowning

Second, (Immediate,) Asphyxia

Duration of last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetery

Date of Burial, 24th June 1879

Undertaker, Wm. Nicolaus

Place of Business, 238 Alice Ann

Edmund Rix M. D.
Medical Attendant.

Address, Canton P.O.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32839

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ena ~~Hampton~~ Schultz

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, *Years,* 2 *Months,* *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number.} Granby St. N. 70 Baltimore

Cause of Death, First (Primary,) Hydrocephalus Chronicus

Second (Immediate,)

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 23

Undertaker, Henry Bair

Place of Business, 252 Aliceanna St *Address*

John H Pk Parker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 32840

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1879 BALTIMORE

Date of Death, June 22d. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edgar Morton Johnson

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, —— *Years,* 5 *Months,* 6 *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 510 Fremont St.

Cause of Death, {First (Primary,) Marasmus / Second (Immediate,) "

Duration of Last Sickness, About 17 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 23d 1879

Undertaker, John Eldbourgh

Place of Business, 319½ Penna Ave

Eldridge C. Price M. D.
Medical Attendant.

Address 263 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32844

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23d 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Wolf

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~

Occupation, ~~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ~~~

Place of Death, { Give street and number } No 28 Riverside av

Cause of Death, { First, (Primary,) Cholera Infantum
Second, (Immediate,) Convulsions

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 24th 1879

Undertaker, Jerkins Koehler

Place of Business, ~~~ *Address,* 17 Ibanez av

H. Bobb M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32842

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1879 BALTIMORE

Date of Death, June 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel Hall

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No. 74 S. Broadway

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, June 23, 1879

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32843

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21 June 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Ball

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 80 *Years,* ..... *Months,* ..... *Days.*

Color, wht

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Lives Private at Present Ch Comr

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 61 years

Place of Death, {Give street and number} Greenmount Ave 124

Cause of Death First, (Primary,) paralysis

Second, (Immediate,) .....

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 23rd

Undertaker, Chas A. Pounder

Place of Business, No 518½ Balto

Chas Tannyhill M. D.
Medical Attendant.

Address, 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 32844

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel McDonald.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* 8 *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Westminster, Carrol Co. Md.

Duration of Residence in the City of Baltimore, 67 years

Place of Death, {Give street and number.} 68, W. Charles St.

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Morbus Brightii

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 24th 1879

Undertaker, Stewart & Howard

Place of Business, 35 Park Ave

Morris Steiner M. D.

Medical Attendant.

Address 249, W. Fayette Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stella Beever

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 6 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 201 Bank St.

Cause of Death { First, (Primary,) Cyanosis Congenital Malformation of Heart

Second, (Immediate,) .....

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 23. 1879

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

E. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32846

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALIFAX JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Meagher

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 14 Mechanic & Division Alley

Cause of Death { First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

Duration of last Sickness, from birth

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, June 23rd 79

Undertaker, Chas J. Seguine

Place of Business, 211 N. Eutaw

Signature of Physician ..... *M. D.*

Medical Attendant.

Address, 66 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 32847

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24 — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Wirth

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 5 *Months,* 21 *Days.*

Color, white *Sex,* female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, from birth

Place of Death, {Give street and number.} 246 S. Durham

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 14 mos

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, June 25th

Jos. E. Bunyan M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Eastern Ave *Address* N. Cor Bridge & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 92848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24/1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James G. Paine

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} E. Fayette St. near Gist

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate,) Cervical abscess

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 25th

Undertaker, Ely Bro

Place of Business, 34 E. Broadway

G. G. Lanville, Jun. M. D.
Medical Attendant.

Address, Balt. & Gay Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Brown

~~Sex, Male or Female,~~ {cross out the word not required in this line.}

Age, 17 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number} Baltimore Infirmary

Cause of Death { First, (Primary,) Inflammation of membranes of brain (Syphilitic) Second, (Immediate,) }

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 23

Undertaker, H B Cook

Place of Business, 20 and 22 Baltimore

Edmund C Rivers M. D.
Medical Attendant.

Address, Baltimore Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22 / 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Lee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* 3 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 53 Years

Place of Death, {Give street and number.} 3 Patterson Ave

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Old Southwood Cemetery

Date of Burial, June 23

Undertaker, J B Cook

Place of Business, 707 West Baltimore *Address* 286 S. H. Ave

A. Tenley *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 32857

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Wilson McKinley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* Ten *Months,* Three *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 1080 N. Exeter St.

Cause of Death, First (Primary,) Organic Disease of Heart
Second (Immediate,) Complications with Chorea Infantum

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Family Cemetery Balto Co. A. P. Gaines M. D.
Medical Attendant.

Date of Burial, June 24th 1879

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address* 183 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 32852

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Edward Brown.

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 3 *Months,* 7 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 386 E. Baltimore St.

Cause of Death, First (Primary,) .....

Second (Immediate,) Malea Infantum, 6 days.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 23rd 1879

Undertaker, John N. Weaver

Place of Business, #22 N. Fayette St.

J. N. Hook M.D.
Medical Attendant.

Address, 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23d 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph G. Zoeller.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 270 Lee St.

Cause of Death { First, (Primary,) ; Second, (Immediate,) Enteritis. Six days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 24th

Undertaker, C. F. Krause

Place of Business, 209 Hanover

R. J. H. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32857

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Jefferson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Produce dealer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 30 S. Caroline St.

Cause of Death { First, (Primary,) Old age
, Second, (Immediate,)

Duration of last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery P. Road

Date of Burial, June 24th 1879

James E. Donnelly M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S. Broadway *Address,* 299 E. Bath Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 32865

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, about 1 a.m. 23rd June, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. & Geo K. Purcell —

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* One day *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 3 Parkin St Baltimore City

Duration of Residence in the City of Baltimore, One day

Place of Death, {Give street and number.} 3 Parkin St Baltimore City

Cause of Death, First (Primary,) ~~St~~ premature birth

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 23." 1879

(Wm. J. Wirth) M. D.
Medical Attendant.

{*Undertaker,* Geo K. Purcell
{*Place of Business.* 3. Parkin St *Address* 236 W. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 32886

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Bond

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21. *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, Whole life.

Place of Death, {Give street and number.} 43 Arch Street

Cause of Death, {First (Primary,) Phthisis Pulmonalis.
Second (Immediate,)}

Duration of Last Sickness, Five months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem'y

Date of Burial, June 23 1879

{*Undertaker,* John C. Gerdes
Place of Business, Park Ave} *Address* 172 Franklin St.

Harcus D. Humes M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo

Permit No. 32857

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1879 BALTIMORE

Date of Death, June 22nd 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Feglein

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, ~~Years,~~ 2 *Months,* 6 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, 6 s 6 M. Each.

Place of Death, {Give street and number} 656 W. Fish.

Cause of Death {First, (Primary,) Cholera Infant.

{Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 23 1879

Undertaker, P. Kummert

Place of Business, 317 Mulberry St

Louis D. Horn M. D.
Medical Attendant.

Address, 92 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...City of Baltimore,

OFFICE OF REGISTRAR OF VITA...

Permit No. 32858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } John Dunnon

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Four *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 21 Gusdorf

Cause of Death, { First (Primary,) Unknown Infant ... Second (Immediate,) Child ... Convulsions

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill Cemetery

Date of Burial, June 23 1879

Undertaker, W. H. Chase

Place of Business, 193 Hanover st *Address*

W. E. Morton *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 32857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen King

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* Twelve hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 126 S. Charles St

Cause of Death { First, (Primary,) Premature Birth
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 23rd 1879

Undertaker, H. M. Gilmore

Place of Business, 241 Lombard St

J. J. Keating *M. D.*
Medical Attendant.

Address, 241 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATIS...

Permit No. 32860.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Owens

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~ Years, ~~ Months, 28 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 87 Burgundy alley

Cause of Death {First, (Primary,) ... Second, (Immediate,) Diarrhoea

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem'y

Date of Burial, June 23rd 1879

Undertaker, Owens & Whiley

Place of Business, 225 S. Eutaw St

James A Steuart M. D.
Medical Attendant

Address, Comm'r of Health
Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd, J. L. Fitzpatrick

[OVER.]

FETY ▲ FILM

Permit No. 32861

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Jones

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} Hager's Ct

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 23rd 1879

Undertaker, Wm N. Dunger

Place of Business, [illegible] East st

E. B. Fenby M.D.
Medical Attendant.

Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased. and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S·AF

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 23 1879 BALTIMORE

Date of Death, June 23. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~ Institution 5 weeks

Place of Death, {Give street and number} 157 Division St.

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) Hydrocephaloid

Duration of last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 24 1879

Undertaker, ~~Wm~~ Bowers

Place of Business, 157 Division St.

Mabury Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32863

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22d 79,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Geo. Meier

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ... *Years,* 15 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 332, ~~230~~, S. Shaw St.

Cause of Death, {First, (Primary,) Second, (Immediate,)} Cholera Infantum, 1.

Duration of last Sickness, 3 days?

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 24th 1879

Undertaker, Jerline Wiles

Place of Business, Cor Mosh and Bro

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Shaw St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bolini

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Street - Stand - Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Italy (20 yrs in America

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number} St. Hospital

Cause of Death {First, (Primary,) Delirium of Pyloney

Second, (Immediate,) Exhaustion

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cem

Date of Burial, June 23rd 79

Oscar J Cuskery M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover *Address,* 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32865

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} George W. Webb.

Sex, Male or Female, {Cross on the word not required in this line.}

Age, 57 *Years,* ... *Months,* ... *Days.*

Color, Colored *Sex,* male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 41 Arch st.

Cause of Death, First (Primary,) Bright's Dis.

Second (Immediate,) Gen. dropsy

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Wash. St Cemetery *Albert Stephens.* *M. D.*

Date of Burial, June 23d. 1879. Medical Attendant.

Undertaker, Jas. Gray *Address* 42 W. Fayette st.

Place of Business, 35 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Conway

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 43 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 27 Yrs

Place of Death, { Give street and number } 52 Eutaw St

Cause of Death, { First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 6 Mos

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, June 24th

Silas N. Hunter M. D.
Medical Attendant.

Undertaker, H. C. Micklelow

Place of Business, 97 Gouvernant Ave *Address,* 97 Gouvernant Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Pisal

JUN 24 1879 BALTIMORE

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Martinsburg W Va

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number} 187 E Eager St Balto

Cause of Death First, (Primary.) Chronic Diarrhoea

Second, (Immediate.) Delirium

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hedgesville W Va

Date of Burial, June 24th

Undertaker, H C Middleton

Place of Business, 70 Greenmount Ave

Saml A Powell M. D.
Medical Attendant.

Address, 129 Augusta

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 7445

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 24 1879

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie B Charles Mack

Sex, Male or Female, {cross out the word not required in this line.} F

Age, 4 1 *Years,* 7 *Months,* 25 *Days.*

Color, White

Married, ~~Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 224 Franklin St

Cause of Death {First, (Primary,) Bronchitis
Second, (Immediate,) " Pulmonary consumption

Duration of last Sickness, Ill 4 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 24 1879

W M Hammond M. D.
Medical Attendant.

Undertaker, C H Blizzard

Place of Business, Penn Ave *Address,* 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 24 1879 IMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie D. Pennington

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ~~Years,~~ 3 1/2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery and Childs Hospital

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ~

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 23

C. F. Brown M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, 201 Penn Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Williams Dishler

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 5 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 327 Caroline

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Exhaustion

Duration of last Sickness, Three (3) days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery

Date of Burial, 24 June 1879

Undertaker, John C. Slack

Place of Business, 265 Aliceanna *Address,* ...

... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lambert C. Oliver.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* .....

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Charles Co, Md.

Duration of Residence in the City of Baltimore, Fourty four Years

Place of Death, {Give street and number.} 28 Shelberry St, Balto. -

Cause of Death, First (Primary,) Morbus Brightii

Second (Immediate,) .....

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 24th 1879

Undertaker, Henry H. Mears

Place of Business, 45 N Gay St

Thos L Smith, M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 12872

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1879 BALTIMORE

Date of Death, June 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} [illegible]

Cause of Death {First, (Primary,) [illegible]

{Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Comy

Date of Burial, June 24 1879

{*Undertaker,* John Hennig

{*Place of Business,* 352 Orleans St

[illegible] *M. D.,*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained,. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32873

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Neill

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give street and number} N. W. Cor Lombard & Calhoun sts

Cause of Death, First, (Primary.) Gastritis

Second, (Immediate.) Three (3) days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, June 24

Undertaker, F B Cook

Place of Business, 707 West Baltimore

F. L. Glenn M. D.
Medical Attendant.

Address, 374 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32874

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4 P.M. June 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edna Placidia Davis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 195 Forest-Street

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, 25 Days

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery Charles H Homer M. D.
Medical Attendant.

Date of Burial, June 24

Undertaker, J R Cook

Place of Business, 707 West Baltimore Address 85 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Permit No. 32875

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph A Russell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~0000~~ *Years,* 2 *Months,* 19 *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 29 Hope Street Balto.

Duration of Residence in the City of Baltimore, 2 M 19 Day

Place of Death, {Give street and number.} 29 Hope Street

Cause of Death, First (Primary,) Inflamation of bowels

Second (Immediate,) "

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 24th June 79.

Undertaker, Fry & Bro

Place of Business, S. W. Cor Fayette & 54 ~~Nth~~ Broadway

A. G. Watson *M. D.*
Medical Attendant.

Address 447 N. Central ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Long (Boring)

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number}

Cause of Death {First, (Primary,)

{Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 25 1879

Undertaker, Walter Inmus

Place of Business, 252 W. Baltimore *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 32877

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Gracey

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 7 *Years,* 6 *Months,* 0 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Gettysburg Pa

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} United States Hotel Balto.

Cause of Death, First (Primary,) Acute Peritonitis {Complicated by Malarial fever}

Second (Immediate,) Adynamia

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Gettysburg Pa

Date of Burial, June 25th 1879

Undertaker, W. H. Hickman

Place of Business, 234 N. Gay st Balto.

B. F. Grove M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 1879

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JUN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edgar A. Neumann

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Child

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 1137 Eastern Ave.

Cause of Death { First, (Primary,) Pneumonia

Second, (Immediate,) Pneumonia

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, June 24th 1879

Undertaker, W. H. Gilmore

Place of Business, 341 Eastern Ave

F. H. Hatch *M. D.*
Medical Attendant.

Address, 1141 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24: 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Summers

Sex, Male or Female, {cross out the word not required in this line.}

Age, 22 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Single-Woman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 22 Years.

Place of Death, {Give street and number} 5 Ramsay St.

Cause of Death, {First, (Primary,) Congestion of Brain
Second, (Immediate,) Three (3) Days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 25th 1879

Undertaker, F. L. Schaefer

Place of Business, 109 W. Fremont St

A. L. Spicer *M. D.*
Medical Attendant.

Address, 379 W Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 32884

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23d 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lohs Hammel

Sex, Mal[illegible] { cross out the word not required in this line. } M

Age, 68 *Years,* *Months,* *Days.*

Color, White

[illegible], Single, Widow or *Widower,* { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long if the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, { Give street and number } 15 & N Caroline st.

Cause of Death, { First, (Primary.) } { Second, (Immediate,) } Congestion of the lungs with Jaundice

Duration of last Sickness, About Six months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Wednesday June 25

Undertaker, Frey Bro

Place of Business, 52 N. Broadway

Milton A. Taylor M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry W Feick

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 241. Sharp St

Cause of Death {First, (Primary,) Second, (Immediate,)} Cholera Infantum

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 25th 1879

Undertaker, Peter Kümmert

Place of Business, 317 Mulberry St

Theodore Lee M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Morris L. Bearsett

Sex, Male or Female, {cross out the word not required in this line.}

Age, 9 *Years,* 2 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} 241 E. Madison St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Dysentery

Duration of last Sickness, three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 25 June

Undertaker, Henry Haeck

Place of Business, Central ave near Eager

Aug. H. Ernst *M. D.*
Medical Attendant.

Address, 94 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 24 1879 BALTIMORE

Date of Death, June 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Schwerin

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 30 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 2423 E. Pratt St.

Cause of Death { First, (Primary,) Pernicious Intermittent / Second, (Immediate,) Cerebral Congestion

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 25th

Undertaker, Wm J. Tichner

Place of Business, 65 S. Eutaw St *Address,* 2423 E. Pratt St

Chas E. Brantly *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32884

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1879 IMORE

Date of Death, June 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Ramming

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 18 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltz

Duration of Residence in the City of Baltimore, In Life

Place of Death, {Give street and number} 70 Jefferson St

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, June 25 79

Undertaker, J. L. Loveless

Place of Business, 9 N. Orleans *Address,* 187 N. Orleans St.

J. S. Gross. *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kennedy

~~Sex, Male~~ or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... 4 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 235½ E Eden St.

Cause of Death, {First (Primary,) Colitis

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 25th 1879

{*Undertaker,* or Mary A. Kennedy

Place of Business, 235 N. Eden St.

E. Hall Pleasants M. D.
Medical Attendant.

Address, 157 Augusta Pl.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Dugan

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 85 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 28 Years

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number} 47 Harford ave

Cause of Death {First, (Primary,) old age / Second, (Immediate,) senile decay

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial June 25th 1879

Undertaker, James P. Byrne

Place of Business, Front St

Thos A Glenn M. D.

Medical Attendant

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulter S. S.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Mary Dunning

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 196 N. Paca St.

Cause of Death, First, (Primary,) Colitis,

Second, (Immediate,) Coma,

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, June 25. 1879

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

G. Glanville Leech M. D.
Medical Attendant.

Address, Balt. & Mech. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...NY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1879 BALTIMORE

Date of Death, 24. June 1879. 6.30 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. E. Ramaser.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 4. *Months,* 9. *Days.*

Color, white *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 282 N. Gay Str.

Cause of Death, { First (Primary,) ..... Second (Immediate,) Cholera infantum.

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery. Robert Dunbar M. D.
Medical Attendant.

Date of Burial, 25th of June.

Undertaker, Fred Goede. *Address* 121 N. Broadway

Place of Business, 29 S. Caroline st.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Faulstich

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 1 *Years,* 3 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 43 N. Castle

Cause of Death, First, (Primary,) Congestion of Brain

Second, (Immediate,)

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Allegheny Cem.

Date of Burial, June 25th

Undertaker, Ambrose Koehler

Place of Business, 344 E. [illegible] *Address,* 27 N. Broadway

C. G. Daniel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1879 BALTIMORE

Date of Death, June 24th 1879 P.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katy A. Rodgers

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, One *Years,* five *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 307 McDonough St.

Cause of Death, First, (Primary,) Malaria

Second, (Immediate,) Marasmus

Duration of last Sickness, 4 months & 24 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 26

Undertaker, Fry & Son

Place of Business, 54 N. Broadway

John L. Lynch M. D.
Medical Attendant.

Address, 109 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 32891

OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 24 1879 ...IMORE

Date of Death, June 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar Murphy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 8 *Days.*

Color, White

~~Married, Single~~, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 277 N Durham Street

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) Want of Nourishment

Duration of Last Sickness, 8 days. (8 hrs in Med)

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 25th 1879

Undertaker, on Lizzie West

Place of Business, 277 N. Durham

J. D. Stuteford M. D.
Medical Attendant.

Address 195 Lexington St Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 32892

OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Sands

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 75 *Years,* 6 *Months,* 3 *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Physician

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Anne Arundel County Md.

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} 456 Mulberry St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Angina Pectoris

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Millersville Cemetery

Date of Burial, June 26/79

Undertaker, Hughes & Co

Place of Business, 530 W. Fayette St

Penbrook Mr. Hamb[illegible] M. D.
Medical Attendant.

Address, 1123 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Francis Sands 1849

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S...

Permit No. 32893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliz Cecilia Conard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 50 *Years,* — *Months,* — *Days.*

Color, Col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} East Shore Md

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} East Shore Md No 4 Orchard St Court

Cause of Death, First (Primary,) Acute Phthisis

Second (Immediate,) ...

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 26 1879

Undertaker, John C Gordon

Place of Business, 63 Park Avenue

H W J Murdock M. D.
Medical Attendant.

Address 81 Read St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24 '79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Rees,

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 23 Biddle St

Cause of Death First, (Primary,) Infantile Consumption

Second, (Immediate,)

Duration of last Sickness, from Birth

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 25 '79

Undertaker, Andrew Leib

Place of Business, 119 Druid Hill

D. L. Keller M. D.

~~Medical Attendant.~~

Address, 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23rd June 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Mil

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 350 E. Balto

Cause of Death First, (Primary,) Debilitation of 18 years

Second, (Immediate,) Dropsy

Duration of last Sickness, 16 months

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, June 26th 1879

John F. Monnmus M. D.
Medical Attendant.

Undertaker, Wm. Eilau

Place of Business, 101 Gough St *Address,* 5 W. Fayette & Reads

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 32856

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th June 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas E Berdegen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 15 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 5 Little Montgomery St

Duration of Residence in the City of Baltimore, 1 Month 15 days

Place of Death, {Give street and number.} 5 Little Montgomery St

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) —

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 25th June

Undertaker, P. Timmert

Place of Business, 317 Mulberry St. Address 120 Pearl St. Balto

Dr H Heldmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

Board of [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24 A.D. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorthea C. Jones

Sex, Male or Female, {cross out the word not required in this line.}

Age, Sept 5 four *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give street and number} No. 5 Perkins Street

Cause of Death {First, (Primary,) Softening of Brain

Second, (Immediate,)

Duration of last Sickness, About two years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 25th

Undertaker, John E. Haugh

Place of Business, 319½ Lemmon Ave

Chas G. Todd *M. D.*
Medical Attendant.

Address, 316 N. Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Gieringer

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} No 1 Nassy St. Canton

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, June 25th 1879 Aug. H. Epple M. D.

Medical Attendant.

Undertaker, H. Frochlich

Place of Business, Eastern Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lancaster

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 74 *Years,* 6 *Months,* 2 *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Linen burner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England 48 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 1303 Cor Wilkens & Braddish ave

Cause of Death, {First, (Primary.) Old age

{Second, (Immediate,)

Duration of last Sickness, Have not seen the patient for some time but am sure that the above cause of death is correct

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 25th 1879

James Bosley M. D.
Medical Attendant.

Undertaker, John L Pardis

Place of Business, Pr. 66 Fulton Ave *Address,* 219 Robinson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George T. Miller Jr.

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... 7 *Months,* 19 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 218 Madison Ave.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) " "

Duration of Last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, June 25th 1879

Undertaker, John J. Andrews

Place of Business, No 476 Druid Hill Ave

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the necessity of care in filling out this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Schlegel

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color,

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, 5 mos

Place of Death, { Give street and number } 731 Hanover St

Cause of Death, { First, (Primary,) Cholera Infantum
Second, (Immediate,) 3 days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 25th

Undertaker, B. Hearle

Place of Business, 411 Light St

R. W. P. Ellis M. D.
Medical Attendant.

Address, 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 23 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J Collins

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 35 *Years,* 4 *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Superintendent of Street Sweeping

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 384 Light

Cause of Death {First, (Primary,) Chronic Cystitis
Second, (Immediate,)

Duration of last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, June 25 1879

Undertaker, Armstrong & Denny

Place of Business, 223 Light St. *Address,*

S Theodore *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32903

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1879

CERTIFICATE OF DEATH.

Date of Death, Sun 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles. B. Coulter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* one *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 118 Hughes St

Cause of Death, {First (Primary.) Cholera Infantum / Second (Immediate.) Cerebral Effusion

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, June 25 1879.

Undertaker, Armstrong & Denny.

Place of Business, 263 Light St.

I. C. Burch M.D.
Medical Attendant.

Address 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Oswald Weyforth

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, His entire life

Place of Death, {Give street and number} 216 Conway St

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,) do Exhaustion

Duration of last Sickness, about 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 25th 1879

Undertaker, Wm. J. Dickey

Place of Business, 65 S. Eutaw

W. H. Hammond M. D.
Medical Attendant.

Address, 64 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Sims

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.} F

Age, 28 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} M

Occupation, None

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 28 yrs.

Place of Death, {Give street and number} 291 Franklin

Cause of Death, {First, (Primary,) Pneumonia Fever

Second, (Immediate,) .....

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laudenpark

Date of Burial, June 26th

Undertaker, J B Cook

Place of Business, 707 E Balto

J H Kellum M. D.
Medical Attendant.

Address, 28 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32906

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Bennett Davidson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 141 N. Calhoun St.

Cause of Death, First, (Primary,) Indigestion

Second, (Immediate,) Convulsions

Duration of last Sickness, 10 Hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 25

Undertaker, J B Cook

Place of Business, 707 W Pratt St Address, 584 W Fayette St

D. G. Linthicum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1879

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Hearn

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Eleven *Years,* 7 *Months,* 21 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert County Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 216 S. South Charles Street

Cause of Death {First, (Primary,) Colitis

Second, (Immediate,) Asthenia

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Friendship A. Anna Rundel Co.

Date of Burial, June 24th

Undertaker, F. & R. Troll

Place of Business, 111 Hanover St

F. R. Clark, *M. D.*
Medical Attendant.

Address, 153 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 14 & 6

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Allen White

~~Sex~~, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* ..... *Days.*

Color, wht

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 66 Preston st

Cause of Death First, (Primary,) convulsions

Second, (Immediate,)

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 25th 1879

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

G Lane Tonyhill M. D.
Medical Attendant.

Address, 129 W Preble

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Brown

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 6 Patapsco Avenue Canton

Cause of Death First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Delicate since Birth - 2 weeks and 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 26- 1879

Undertaker, M. A Dwyer

Place of Business, S. Broadway

Ernest E. Donnelly M. D,
Medical Attendant.

Address, 299 E. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th — 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abigail A. Pierson.

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, Seventy two *Years,* *Months,* *Days.*

Color, *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} South Carolina.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 95 — Division St. —

Cause of Death, {First (Primary,) / Second (Immediate,)} Chronic Catarrh

Duration of Last Sickness, Two month —

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, June 28/79

E. R. Hard[illegible] M. D.
Medical Attendant.

{*Undertaker,* Wrights & Co
Place of Business, 242 W. Lombard St.} Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gordon Moy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 9 Months, Days.

Color, white ~~Sex,~~

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore during life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 190 Amberry St - Balto -

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, June 25 79

Undertaker, A.W. Justis & Son

Place of Business, 16 Light St

Address

Thos. T. Hand, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate containing, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Young

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and number} S Low Street

Cause of Death, First, (Primary.) Cholera Infantum, — Pneumonia

Second, (Immediate.) Coma - Convulsions

Duration of last Sickness, Four (4) weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 25 1879

Undertaker, Jas P Bayne

Place of Business, Front St

Geo Raymond M. D.
Medical Attendant.

Address, 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32913

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th June

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelm Stubbs

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, — *Years,* 3 *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 195 Register

Cause of Death, {First (Primary,) Diarrhoea

Second (Immediate,)}

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, June 25th 1879

C. Hoffman, M.D.
Medical Attendant.

Undertaker, Jenny Family

Place of Business, 252 Fountain Ave. *Address,* 57 Lisburn St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 32914

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ~~or~~ sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Butler

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* ~~____~~ *Months,* ~~____~~ *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Servant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, During her entire life.

Place of Death, {Give street and number.} No. 10 Church Street.

Cause of Death, {First (Primary,) Exposure during menstruation. / Second (Immediate,) General Acute Peritonitis.

Duration of Last Sickness, About three weeks.

All the above information should be furnished by the Physician.

Place of Burial, New Sharp St.

Date of Burial, June 26 1879

Undertaker, Frey Bro

Place of Business, 54 N. Broadway

Alex. Hill, M. D.
Medical Attendant.

Address No. 32 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 32915

OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 25 1879

Date of Death, June 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dr. Margaretha Geiss.

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, Fifty two *Years,* one *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hanover, Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number} ~~Chronic Gastritis~~ 67 Camden St

Cause of Death { First, (Primary,) Chronic Gastritis & Insufficiency of the Bicuspid valve of the heart
, Second, (Immediate,) Apoplexy of the heart

Duration of last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 26th.

Chas F. Keuser M. D.
Medical Attendant.

Undertaker, H. N. Trill

Place of Business, #131 Hanover *Address,* 68 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32916,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1879

CERTIFICATE OF DEATH.

Date of Death, June 23rd 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Brown

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England about 9 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Organic Heart Disease & Pleurisy / Second, (Immediate,) Apnoea

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, June 24 79

Undertaker, Jude A. Hutchins

Place of Business, 50 S. Carrollton Ave

F. B. Brune M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 32917

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hoffman

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 101 Eastern Ave

Cause of Death {First, (Primary,) Dentition

{Second, (Immediate,) Summer Complaint

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity St. Cem.

Date of Burial, June 26 1879

James Steuart M. D.

Residence of Physician.

Undertaker, H. Petry Frey

Place of Business, 7 Eastern Ave

Address, Comm. of Health & Inspector

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Geo E. Taylor

[OVER.]

Permit No. 32918

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 25 1879 BALTIMORE

Date of Death, June 24th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Smathers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, 21 Days.

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md acto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Bradenbaugh Alley

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 23th 1879

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St.

C. H. Bederman M. D.
Medical Attendant.

Address 444 W. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32919

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Reimer

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 2 *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Ellinger's Ct near Chas Town (SL)

Cause of Death First, (Primary,)

Second, (Immediate,) Summer Complaint

Duration of last Sickness, 3. weeks

All the above information should be furnished by the Physician.

Place of Burial, St Matthews

Date of Burial, June 25th 1879

Undertaker, Geo Schilling

Place of Business, Aisquith St

Thos A Reese M. D.

Medical Attendant.

Address, Comm of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulbourn

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Gier

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~X~~ *Years,* ~~X~~ 10 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, 18 mts -

Place of Death, {Give street and number} 35 Elizabeth Pl

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 26

Undertaker, John Hennig

Place of Business, 382 Canton Av

R. H. P. Ellis *M. D.*
Medical Attendant.

Address, 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Dew

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Grocers Agent

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, About 30 years

Place of Death, {Give street and number.} 30 Linden Ave.

Cause of Death, First (Primary,) Cancer of Axilla,

Second (Immediate,)

Duration of Last Sickness, About 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, June 26th 1879

Undertaker, Thos Poe

Place of Business, 560 Fayette St.

Thos Poe M. D.
Medical Attendant.

Address 30 N. Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9.15 A.M. June 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adlade M. Ferguson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — — —

Occupation, — — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 160 E. Monument Street

Cause of Death, {First (Primary,) Inanition

{Second (immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, June 26th 1879

{*Undertaker,* J. B. Cooke

{*Place of Business,* W. Balto St

Charles H. Nonay *M. D.*
Medical Attendant.

Address 85 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 32923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 16 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cumberland Md

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death { First, (Primary,) Cancerous
Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 26. 1879

Undertaker, Saml Bowen

Place of Business, 156 Division St

Mahony Brown M. D.
Medical Attendant.

Address, 68 Mc Culloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm S. King

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 11 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 14 Vincent St.

Cause of Death First, (Primary,) Cholera Infant.

Second, (Immediate,) Miningitis

Duration of last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 26 1879

Louis L. Korn M. D.
Medical Attendant.

Undertaker, I. B. Cook

Place of Business, 707 W. Balto St *Address,* cor Mulberry & Myrtle av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 32925

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlo Gardner

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 24 *Years,* 11 *Months,* 10 *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Can maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia 28 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 100 Thames Str

Cause of Death, {First (Primary,) Tuberculosis pulmonum

Second (Immediate,)

Duration of Last Sickness, five months

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cemetery

Date of Burial, June 27 1879

{*Undertaker,* Leonard Heuer

Place of Business, S. Stand St. 227

A Aranson M.D.
Medical Attendant.

Address 254 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23, 1879 —

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Henry Howard

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ____ *Years,* Five *Months,* ____ *Days.*

Color, Colored *Sex,* Male —

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, ——————

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 16 Carlton St —

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and number. } 14 Lemon alley —

Cause of Death, { First (Primary,) Umbilical Hernia / Second (Immediate,) Atrophy

Duration of Last Sickness, Six weeks —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Grove

Date of Burial, June 24. 1879

{ *Undertaker,* Manuel H. Chase / *Place of Business,* 518 Hanover St

E. H. Holbrook. M. D.
Medical Attendant.

Address Hom. Free Dispensary —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Manning

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 17 *Years,* ..... *Months,* ..... *Days.*

Color, Col

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, General House work

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} South Carolina

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give street and number} No 1 Parish Al Exchange Stab

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Puerperal Convulsions

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, June 29th 79

Undertaker, Samuel H Owen

Place of Business, 191 Hanover St

W W Anthis M. D.
Medical Attendant.

Address, 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 32928

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Harding

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 14 *Years,* 3 *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bath. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 140 Sarah Lane

Cause of Death, First (Primary,) Burn from a lamp Explosion

Second (Immediate,) Exhaustion

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, June 25 1879

Undertaker, P. Chas

Place of Business, 1[illegible] Forward

Hill and Smith M. D.
Medical Attendant.

Address 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E. Smith

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ____ *Years,* Five *Months,* Sixteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 174 N. Wolfe St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 26

Undertaker, Fry & Son

Place of Business, 574 E. Broadway

Wm. H. Landmann, M. D.
Medical Attendant.

Address, No 102 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 32930

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Britcts

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 8 *Months,* 10 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 139 N. Chapple St

Cause of Death, First (Primary,) Scarlatina Anginosa

Second (Immediate,)

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, St Mathews County *D. Whitford* *M. D.*

Medical Attendant.

Date of Burial, Jun 26/79

Undertaker, Ch J Ronaldson

Place of Business, 136 E Fayette St *Address* 195 Aisquith St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Henry Isaacs

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* four Months 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Four Months

Place of Death, {Give street and number} 54 Low Street City

Cause of Death First, (Primary,) Cachexia

Second, (Immediate,) Large Abscess

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 25

Undertaker, Abraham Hayman

Place of Business, 13 Sharp St.

Stearns F Beuton M. D.
Medical Attendant.

Address, 114 W Balto Street, city

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32,932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marcia Johnson

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 13 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 135 E. Biddle St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 135 E. Biddle St

Cause of Death { First, (Primary,) Premature birth (child)
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 26th

Chas. B. Billingsley *M. D.*
Medical Attendant.

Undertaker,

Place of Business, *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 22583

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth R. Herbert

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prince Georges Co. Md

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 98 Carrollton Av. Baltimore

see other side

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 27th 1879

{*Undertaker,* Hughes & Co

{*Place of Business,* 550 W. Fayette St

S. A. Cherr M. D.

for Wm. J. Horna M. D. Medical Attendant.

Address 181 Madison av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35934

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L. Young

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 1 *Month,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} * 92 N. Gilmore

Cause of Death, {First, (Primary,) Cholera Infantum

{Second, (Immediate,)

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Green mt Cemetery

Date of Burial, June 26/79

Undertaker, Hughes & Co

Place of Business, 550 N. Fayette St

J. G. Lentz M. D.
Medical Attendant.

Address, 584 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Comish

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 17 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 30 Peach Alley

Cause of Death { First, (Primary,) Pneumonia / Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St.

Date of Burial, June 26th

Undertaker, Hercules Ross

Place of Business, 95 Conway St.

J. H. Steele M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 32936

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday June 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hicks

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 11 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 16 Harford Ave

Cause of Death First, (Primary.) Scarlet Fever

Second, (Immediate,) Angina with Anemia

Duration of last Sickness, 24 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 26 1879

Wilmer Benton M. D.
Medical Attendant.

Undertaker, Wm. H. Hyckman

Place of Business, 234 N. Gay St. *Address,* 269 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 26 1879

CERTIFICATE OF DEATH.

Date of Death, June 25th 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } M. Wallace Ellison

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ——— *Years,* Fourteen *Months,* Three *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 658 Pennsylvania Ave.

Cause of Death { First, (Primary,) Cholera Infantum

{ Second, (Immediate,)

Duration of last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetary

Date of Burial, June 26th

Undertaker, Frey Bro's

Place of Business, Fayette & Broadway *Address,* Sth. Calvert & Read Sts.

John F. Donnelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Garvey Sr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 83 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Co Armagh Ireland

Duration of Residence in the City of Baltimore, 52 Years

Place of Death, {Give street and number.} No 148 N. Front St

Cause of Death, {First (Primary,) Apoplexy

{Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Bonna Brea Cemetery

Date of Burial, June 26 1879

A. P. P. Evans *M. D.*
Medical Attendant.

{*Undertaker,* James A Byrne

{*Place of Business,* No 63 N Front St *Address* 133 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Reinhard Fister

Sex, Male or Female, { cross out the word not required in this line. }

Age, 5 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and number } 524 Canton Ave.

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Pneumonia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Ft. Altheimer Cem

Date of Burial, June 26th 79

Aug. F. Eyler M. D.
Medical Attendant.

Undertaker, Mc. Franco

Place of Business, 280 Canton Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEP. JUN 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora Grief

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 66 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Keeping house

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Yrs.

Place of Death, {Give street and number} 915 Aisquith

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of last Sickness, about 2 Yrs.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, June 27th 79

Undertaker, Wm. Frazier

Place of Business, 280 Canton Ave. *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Meidling

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number} 6 f Medtlin L.

Cause of Death, First, (Primary,) Enteritis (Exhaustion)

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem:

Date of Burial, June 27th '79

Abram Bland M. D.
Medical Attendant.

Undertaker, Wm. Frances

Place of Business, 280 Canton Ave

Address, 7 Light L

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 26
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wilhelmina Siegfried

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ——— Years Eleven (11) Months, ——— Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, { Give street and number } Cholera Infantum (310 E Fayette St)

Cause of Death { First, (Primary.) Exhaustion / Second, (Immediate,) Eleven (11) Days

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, June 26th 79

Undertaker, Mc France

Place of Business, 280 Eastern Ave

Wm. Shaw M. D.
Medical Attendant.

Address of Same 310 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Herzinger

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, ~~Years,~~ 9 Months, 4 Days

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 1 S. Eden St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) "

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 26 1879

Undertaker, I. S. Bossieux

Place of Business, E. Fayette St

Thomas J. Evans M.D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Brehme

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 297 Madison Ave

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 26th 1879

F. C. Chatard Jr. M. D.
Medical Attendant.

Undertaker, Thos Gidley & Son

Place of Business, 41 Hanover St *Address,* 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Virginia Behne

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 297 Madison ave

Cause of Death, First, (Primary,) Premature birth

Second, (Immediate,) Asthenia

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 26th 1879

Undertaker, Rhodes Godey & Son

Place of Business, 41 Hanover St. *Address,* 114 Park

F. E. Chatard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Alice Lewis

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 5 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ×××

Occupation, ×××

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 20 S. Carolina Street

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount.

Date of Burial, June 26th/79

Undertaker, Chas. Hollander & Sons

Place of Business, #22 W. Pratt St. *Address,* 920 Baltimore Street

James E. Donnelle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Gaber

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 353 N. Central Ave.

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, 22 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Ch

Date of Burial, June 26th 1879

E. B. Fenby M. D.
Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, No 309 N. Central

Address, 319 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Schaffner

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, ~~ Years, 2 Months, 2 Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 2 months & 2 days

Place of Death, {Give street and number} 165 Hanover Street

Peritonitis

Cause of Death { First, (Primary,) Capillary Bronchitis ~~Capillary~~ Second, (Immediate,)

Duration of last Sickness, Six weeks

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, June 27th

Undertaker, H Boiele

Place of Business, Hanover St 81

Z. K. Wiley M. D.
Medical Attendant.

Address, 158 Hanover Street City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

W. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1879 MD

CERTIFICATE OF DEATH.

Date of Death, June 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine & Chas. Dunle (Parents)

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 373 Eastern ave

Cause of Death {First, (Primary,)

{Second, (Immediate,) Convulsions

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 26th 1879

Undertaker, H. M. Gloneyer

Place of Business 341 Canton ave *Address,* Comm of Health to Register

~~Medical Attendant~~ M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Debelius

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.} V

Age, 60 *Years,* 2 *Months,* ——— *Days.*

Color, White

Married, ~~*Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number} S. W. Cor. Chase & N. Wolfe sts

Cause of Death First, (Primary,) Carcinoma verticali

Second, (Immediate,) Marasmus

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 27

Undertaker, Wm. Wilkins Diguel

Place of Business, Broadway 157 *Address,* 245 E. Baltimore st

J. Ruhl M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Whelan

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ~~[illegible]~~ *Years,* 2 *Months,* ~~[illegible]~~ 18 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Greenes alley

Cause of Death { First, (Primary.) Mal Nutrition (artificial
, Second, (Immediate.) Chol Infantum

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Shaws St Cem

Date of Burial, June 26 1879

Undertaker, L. M. Chase

Place of Business, Howard St

M. D.

Address, Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by Jas V. Fitzpatrick

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH JUN 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25th of June 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis N. Tiry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* —— *Months,* *Days.*

Color, White *Sex,* ——

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Worker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 9 Penn St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 4 Yrs

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, June 27

Undertaker, John Teufel

Place of Business, 796 N. Balto. st *Address*

J Schmitz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32953,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Nicholson

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, ... *Years,* ... 4 *Months,* ... *Days.*

Color, col.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 5 old Town Road near [illegible]

Cause of Death, First (Primary,) Basilar Meningitis (2 days)

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 26th 1879

Undertaker, Wm N. Dunger

Place of Business, No 62 East st

J. E. [illegible] *M. D.*
Medical Attendant.

Address —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 25 1879 BALTIMORE

Date of Death, June 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} I. L. Frankfurfeld

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* 3. *Months,* 3 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 14 Little Stricker St

Cause of Death {First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 6 days.

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 27, 1879

Undertaker, M. A. Dager

Place of Business, 74 S. Broadway

G. W. Annis *M. D.*
Medical Attendant.

Address, Cor Stricker & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32955

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 28 1879 BALTIMORE

Date of Death, June 25 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Blumauer

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 6 *Years,* 3 *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore 40 years

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number} 210 S. Charles

Cause of Death {First, (Primary,) Dysentery

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Hebrew Cemetery

Date of Burial, June 27th 1879

Undertaker, Wm Elser

Place of Business, 101 Gough St *Address,*

S Sutro M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32956.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24' 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Pelzenheimer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 35 *Years,* 0 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Peddler

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Europe (Prussia)

Duration of Residence in the City of Baltimore, 8 yrs.

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Unknown
Second, (Immediate,) Unknown

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, June 26th 1879

Undertaker, Wm Eilau

Place of Business, 101 Gough St

David Shuell M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS,

Permit No. 32957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Brown

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 413 East ave.

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Convulsions

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, 27th June

Undertaker, H. Frochlich

Place of Business, Eastern ave. 2 doors West of Ann st.

L. M. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- r forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

KELLY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32958

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Ansell

Sex, Male or Female, {cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number} 160 Aisquith St

Cause of Death, First, (Primary.) Large Pleuritic Effusion in right side with- Enlargement & displacement of Liver

Second, (Immediate.) Exhaustion

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem Co

Date of Burial, June 26th

Undertaker, Fay & Bro

Place of Business, 54 N Broadway

R. J. White, M. D.
Medical Attendant.

Address, 54 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Transit 1452

[9741.]

The special attention of Physicians is respectfully invited to the Reverse Side, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis B. Brashears

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ~~_____~~ *Years,* Three *Months,* Seventeen *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 137 Fawn St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Congestion of Brain

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 27 1879

G. A. Hartman M. D.
Medical Attendant.

Undertaker,

Place of Business,

Address 305 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hill S. C. Burnett

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 6 Years, 9 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 182 Riverside av

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) Perforation 7 Days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Calvary Cemetery

Date of Burial, June 26 79

Undertaker, Fred Temple Dent

Place of Business, No 268 Light

Noble & Webster M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} ——

Age, 53 *Years,* *Months,* *Days.*

Color, White *Sex,* ——

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, {Give street and number.} 45 Warren St

Cause of Death, First (Primary,) Tabes Mesenterica

Second (Immediate,) ——

Duration of Last Sickness, 15 Months

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co.

Date of Burial, June 27th 1879

Undertaker, Armstrong Denny

Place of Business, 263 Light St

Jos. E. Blagette M. D.
Medical Attendant.

Address 18 S Eutaw St
Balto. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1457

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases of Duty of the Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Grady

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 1 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 177 S. Caroline St.

Cause of Death, First, (Primary,) Thrush

Second, (Immediate,) ____

Duration of last Sickness, 1 wks. 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, June 26th

Undertaker, H. Henry Landes

Place of Business, 252 Eastern Ave

Wm. T. Graham M. D.
Medical Attendant.

Address, 18 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emilie Skinner

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* ____ *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 3 yrs. 2 mths

Place of Death, {Give street and number} 222 Battery avenue

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate.) ~~Scarlatina~~ Asthenia Dropsy and coma

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, June 30th

R. L. P. Ellis *M. D.*
Medical Attendant.

Undertaker, B. Hearle

Place of Business, 411 Light St. *Address,* 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Caldwell

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~——~~ *Years,* 4 *Months,* ~~——~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 104 S. Dallas St.

Cause of Death First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, June 27th 1879

Undertaker, The D. Lekes

Place of Business, Jefferson St

M. D.
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by - Geo E. Taylor

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Kinnaw

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 37 Gittings St.

Cause of Death, First, (Primary.) Cholera Infantum.

Second, (Immediate,) 3 weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 27th 1879

Undertaker, Anthony Denny

Place of Business, 263 Light St.

J. C. Hanington, M. D.
Medical Attendant.

Address, 321 Leight St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1879

CERTIFICATE OF DEATH.

Date of Death, June 25. 1879 — Martin Luther Anderson

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Innominate — Son of Mr

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 2 hours *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth} 78 Chestnut St Balto

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 78 Chestnut St

Cause of Death, First (Primary,) Premature Labour

Second (immediate,) ____

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, June 26 1879

Undertaker, Wm N. Dungen

Place of Business, Pierce Av

Address ____

Edward ____ *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUN 27 1879 BALTIMORE

Date of Death, June 26th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis R Purviance

Sex, Male or ~~Female~~, { cross out the word not required in this line. } Male

Age, ____ *Years,* 7 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number } Madison & Ferrer Sts

Cause of Death, { First, (Primary,) Cholera Infantum / Second, (Immediate,) ____

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 27th Jun 79

J. H. R. Wolfe M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Fell and Eyrau

Address, 28 Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 27, 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Coates

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Forty five *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Maryland

Duration of Residence in the City of Baltimore, Eighty Years

Place of Death, {Give street and number} No 299 Hamburg St

Cause of Death { First, (Primary,) Rheumatism
Second, (Immediate,) Cardiac Metastasis

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 27th

Undertaker, Hercules Ross

Place of Business, 95 Conway St.

J. D. Dyer *M. D.*
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Magness

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 25 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 341 S. Durham St

Cause of Death, {First, (Primary,) Cranitis

Second, (Immediate,)

Duration of last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 27th 1879

Undertaker, Adam Fink

Place of Business, 461 W. Gay St.

J. J. White M. D.
Medical Attendant.

Address, 761 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[07—]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 32970

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pearline Wallace

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ____ *Years,* ____ 8 *Months,* 17 *Days.*

Color, colored *Sex,* Female

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Montgomery Co.

Duration of Residence in the City of Baltimore, 4 mo.

Place of Death, {Give street and number.} 22 Boyd St.

Cause of Death, {First (Primary,) Entero - colitis (Acute)
Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 27th 1879

{*Undertaker,* Wm. N. Danger
Place of Business, No 62 East St

Thos. E. Sears, M. D.
Medical Attendant.

Address 648 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Lovell

~~*Sex, Male* or~~ *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} N° 22 Front St

Cause of Death, {First (Primary,) Susp. Pulmonary Con

Second (Immediate,) 8 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 27th 1879

C. G. Thomson *M. D.*
Medical Attendant.

{*Undertaker,* James O Byrne

Place of Business, No 63 N Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUN 27 1879

Date of Death, June 26-1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Clendinen Smith

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ... Years, Five Months, Eighteen Days.

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 174 N. Wolfe St.

Cause of Death, First, (Primary.) ...
Second, (Immediate.) Cholera Infantum

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 27

Undertaker, ...

Place of Business, 634 Broadway

Wm H. Clendinen, M. D.
Medical Attendant.

Address, 1202 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 41...]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BALTIMORE HEALTH DEPARTMENT JUN 27 1879 BALTIMORE

Date of Death, 26th June 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Boone

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number} Aged Mans Home

Cause of Death First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,)

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 28th June 1879

Undertaker, H.W. Jenkins Son

Place of Business, 16 Light St.

Geo H. Dyer M. D.
Medical Attendant.

Address, Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1879

CERTIFICATE OF DEATH.

Date of Death, June 27 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand Bast.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 4 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 72 Gaule

Cause of Death, First, (Primary,) Acuta Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 27

Abram B Arnold M. D.
Medical Attendant.

Undertaker, John Mercer's

Place of Business, 330 Eutaw St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Marie Parker

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, X *Years,* 10 *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 164 Fayette St

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give street and number.} 73 Hopkins Ave.

Cause of Death, First (Primary,) Gastro Enteritis

Second (Immediate,) Congestion of the Brain

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 28th 1879

Undertaker, John A. Weaver

Place of Business, #22 W. Fayette St

J. H. Chew Jnd M. D.
Medical Attendant.

Address 154 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Henry Willis

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 2 yrs *Years,* 2 *Months,* — *Days.*

Color, Blk *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Moores alley – Baltimore city

Duration of Residence in the City of Baltimore, 3 yrs – 2 mos

Place of Death, {Give street and number.} no 26 New Church st. Balty

Cause of Death, First (Primary,) Measles

Second (Immediate.) Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudel Cemetery

Date of Burial, June 29th 1879

Undertaker, Wm Jones Gray

Place of Business, 65 Mulberry St

A Atkinson M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Parker

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 460 Saratoga St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 460 Saratoga St

Cause of Death First, (Primary,) Scarlet Fever (Malignant)

Second, (Immediate,) Congestion Brain

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cemetery

Date of Burial, June 27, 1879

Undertaker, [redacted] Hamrick

Place of Business, Bolfelton St

L. J. Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

Permit No. 32978

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hans Jünger, Son of Mr. Sigmund Jünger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* — *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} — Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Corner Fayette & Frederick Streets

Cause of Death, {First (Primary,) Diphtheritis. Second (Immediate,)}

Duration of Last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y

Date of Burial, June 28th 79

Undertaker, Chas Bartell

Place of Business, 624 N. Gilmor St.

Gustavus Warlitz M. D.
Medical Attendant.

Address Cor. High & Fayette Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Oates

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 1 mos *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 270 Oates

Cause of Death, First, (Primary,) Unknown

Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, 27 June

Ellis Hickman M. D.
Medical Attendant.

Undertaker, Fields & Kohler

Place of Business, Pharaphus Bur *Address,* 158 S Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Ellenberger

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 78 Rappelts

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Chronic enteritis

Second (Immediate,) Cholera infantum

Duration of Last Sickness, about 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cem

Date of Burial, June 28th 1879

Hobbes M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts Address 95 S Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27, 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Farrell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 49 Years, ~~—~~ Months, ~~—~~ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.} Single

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} St Vincents Hospital

Cause of Death, {First (Primary,) Struma

Second (Immediate,) T. Mesenterica

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician

Place of Burial, Mt Hope Retreat, Balt Co — Medical Attendant J. H. Butler M. D.

Date of Burial, June 29 1879

Undertaker, Jas P. Byrne — Address

Place of Business, 63 Fourth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1879

CERTIFICATE OF DEATH.

Date of Death, June 26 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Haley

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 30 years

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 22 Aisquith Lane

Cause of Death, First, (Primary,) Cancer of Stomach ?

Second, (Immediate,)

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jun 27th 1879

Undertaker, Smith Perry

Place of Business, 263 Eighth St

D. R. Mc Neal M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} John H. Fillman

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 37 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} M

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 6 to 24 Hill St

Cause of Death, {First (Primary,) Cardiac Dropsy

Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, North cumberland co Virginia

Date of Burial, June 27th

Undertaker, Armstrong 32 Penn

Place of Business, 263 Light Str

Address 151 Hanover St

L. C. Bruch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1453

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 27 1879 MORN

Date of Death, June 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie Dorsch

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One (1) *Years,* ——— *Months,* One (1) *Day*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 194 Madison St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, Six (6) Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 28th 1879

Undertaker, John Teufel

Place of Business, 796 W Balto St

Chas D Blake M. D.
Medical Attendant.

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edith Pauline Levine

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, *Years,* 3 *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 60 South Preston St

Duration of Residence in the City of Baltimore, one year

Place of Death, { Give street and number. } 285 South Road

Cause of Death, { First (Primary,) Gastro-enteritis

Second (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 28th 1879

{ *Undertaker,* John S Thacher
{ *Place of Business,* No 150 Lemmon

Geo. H. Levin *M. D.*
Medical Attendant.

Address 184 Eagle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1879

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hesse

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, one *Years,* ..... *Months,* ..... *Days.*

Color, ...

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loanel Cemetery

Date of Burial, June 27th 1879 ..... M. D.

Medical Attendant.

Undertaker, Chas. A. White

Place of Business, 40 E. Fayette *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alberta E. Howes

Sex, Male or Female, {cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania born in Baltimore

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and number} 214 S. Charles Street

Cause of Death {First, (Primary,) Rubeola

Second, (Immediate,) Entero Colitis

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 21st

Undertaker, C. V. Trail

Place of Business, 161 Lanvale St

C. M. Cady M. D.
Medical Attendant.

Address, 103 Fawn Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Transit by D. A. St. R.R.

he Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE JUN 27 1879

CERTIFICATE OF DEATH.

Date of Death, June 27 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth E Hare

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 9 Years, 11 Months, — Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Mason Hill Carbon Co Md

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 2 Months

Duration of Residence in the City of Baltimore, 248 S. Charles East

Place of Death, {Give street and number} Rubeola

Cause of Death { First, (Primary,) Second, (Immediate,) } Cachexia

Duration of last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Friendship Anna Arundel Co Md

Date of Burial, June 28th

Undertaker, F. N. Ysell

Place of Business, #131 Hanover St Address, Hanover & Lee Sts

Z. K. Wiley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Transit 14524

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday June 25th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie Herman ~~Reid~~

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, ~~Years~~ Three Months, ~~Days.~~

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, { Give street and number. } Jefferson's Court No 3

Cause of Death, { First (Primary,) Convulsions

Second (Immediate,) Asthenia

Duration of Last Sickness, two (2) Weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, June 27th 1879

Undertaker, Pat Mullin

Place of Business, Cambridge St

N. S. Reese M. D.
Medical Attendant.

Address Bal. Second Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Wagner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 10 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Home 7 Elder

Cause of Death, {First (Primary,) Teething Convulsions

Second (Immediate,) A. Meningitis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, June 27th 1879

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

Florian Bibo M. D.
Medical Attendant.

Address 44 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Fahy

Sex, Male or Female, { cross out the word not required in this line. } Femal

Age, ... *Years,* 7. *Months,* 6 *Days.*

Color, White

~~Married, Single,~~ ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 6 Woodyear

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 6 Woodyear

Cause of Death { First, (Primary.) Cholera Infantum.

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Pleasant Cemetery

Date of Burial, June 27th 1899

G. W. Amos M. D.
Medical Attendant.

Undertaker, Smith & Company

Place of Business, 59 N Eutaw St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Clyde

Sex, M[illegible] *Female,* {cross out the word not required in this line.}

Age, ____ *Years,* 2½ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} Nurse & Childs' hospital

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Summer Complaint

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 27 1879 J. E. Atkinson *M. D.*

Medical Attendant.

Undertaker, C. H. Bluebaugh

Place of Business, ____ *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amee White

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, _____ *Years,* 3 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Chestertown

Duration of Residence in the City of Baltimore, 1 Month

Place of Death, {Give street and number} Nurses & Childs Hospital

Cause of Death, First, (Primary,) Acute meningitis ?

Second, (Immediate,) [redacted]

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 27 1879

D E Atkinson M. D.
Medical Attendant.

Undertaker, C H Bliss & Son

Place of Business, _____ *Address,* 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara B Stewart

Sex, ~~*Male or Female,*~~ {cross out the word not required in this line.}

Age, ____ *Years,* 1 2 *Months,* ____ *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 18 E Saratoga St

Cause of Death, First, (Primary,) Entero Colitis

Second, (Immediate,) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 29 79 S H Hillenbrand M. D. Medical Attendant.

Undertaker, Stewart & Mauer

Place of Business, 36 Park Av *Address,* 121 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32995

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1879

CERTIFICATE OF DEATH.

Date of Death, June 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roberta Adams

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, — *Years,* — *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 8 days

Place of Death, {Give street and number.} 179 N. Fremont

Cause of Death, First (Primary,) Spasms

Second (Immediate,) 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, Saturday, June 28

Undertaker, Wm Weaver,

Place of Business, Eutaw, nr Madison

R. C. Lee M.D.
Medical Attendant.

Address, Hanover Barre 86.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Edwd. Flynn

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~Years.~~ *Months,* 8 *Days.* 8

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto - Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 13 S. Callington Ave.

Cause of Death { First, (Primary,) Measles
Second, (Immediate,) Pneumonia

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, June 28. 1879

Undertaker, M. A. Daiger

Place of Business, 74 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address, 1120 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32997.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 27 1879

CERTIFICATE OF DEATH.

Date of Death, June 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Perry son

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 212 Chest St

Cause of Death { First, (Primary,) Spasms / convulsions
, { Second, (Immediate,) .....

Duration of last Sickness, Died suddenly after being ill of the above

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 28th June 1879

Undertaker, Leonard Myers

Place of Business, S. Bond St. & 27th. *Address,* 116 Bond St

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno G. Kreifel

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 42 *Years,* 10 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Tiner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 42 10 27

Place of Death, {Give street and number} 128 S. Howard St.

Cause of Death First, (Primary,) Heart disease

Second, (Immediate,) Sudden

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 28th 1879

Undertaker, Henry W. Mears

Place of Business, 46 N Gay St *Address,* Hanover & Barre 65

R. C. Lee M. D.
Medical Attendant.
Canton S. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 28 1879

Date of Death, June 26. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachiel Tolston

Sex, Male or Female, {Cross out the word not required in this line.} X

Age, 65 (cannot tell) *Years,* *Months,* *Days.*

Color, Colored *Sex,* X

~~*Married, Single,*~~ *Widow & Widower,* {Cross out the words not required in this line.} Widow

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Northumberland Co Va

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 154 York st

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) General Dropsy

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, June 27th 1879.

Undertaker, Abraham Shipman

Place of Business, 13 Saratoga st;

Wm C Knowles M. D.
Medical Attendant.

Address 55 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 33000

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUN 28 1879 BALTIMORE

Date of Death, June 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Catherine Koons

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 109 Spring St.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 109 Spring St. - h -

Cause of Death, First (Primary,) Diphtheritic Croup

Second (Immediate,) Strangulation, + Asthenia

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Mattison Chapel

Date of Burial, June 29th 1879

Undertaker, H. Hofmann

Place of Business, 63 S. E. Bond St.

A. E. Stein, *M. D.*
Medical Attendant.

Address 195 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUN 28 1879 BALTIMORE

Date of Death, June 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Sophia Zimmerman

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 13 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All its life

Place of Death, {Give street and number.} 180 Mary Ann June 27th 1879

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery J. Ellman M. D.

Date of Burial, June 29th 1879 Medical Attendant.

Undertaker, John Bacher Address 172 Saratoga St.

Place of Business, N 118 Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

KODAK S

No. 33002

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33002

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUN 28 1879 BALTIMORE

Date of Death, June 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Thomas

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Charles Co Md

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} 51 Jenkins alley

Cause of Death {First, (Primary,) Paralysis of the lower limbs

{Second, (Immediate,) "

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 27th 1879

Thos A Shaw M. D.

~~Medical Attendant~~

Undertaker, W. W. Madden

Place of Business, 338 N. Howard *Address,* Comm of St Cath & Register

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by E. Wenman

No. 33003

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33003

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John C. Caldwell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Block Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give street and number.} 157 E Pratt

Cause of Death, First (Primary,)

Second (Immediate,) Dysentery

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery Dno. W. Gaer M. D.

Date of Burial, June 29th 1879 Medical Attendant.

Undertaker, Hughes & Co *Address* 176 E. Pratt

Place of Business, 66 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

...ial Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Therese Wiener

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 46 ~~yrs~~ *Years,* 9 *Months,* 23 *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Jewelry Storekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Breslau, Germany, 19 years in the U.S.

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 49 N. Eutaw St.

Cause of Death, First (Primary,) Emphysema

Second (Immediate,) Hectic Fever

(complete)

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai. Cong. Cemetery

Date of Burial, June 29 th. "

Mons Wiener M. D.

Medical Attendant.

Undertaker, Chas. Hollander & Sons *Address* 249, W. Fayette St.

Place of Business, 422 W. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Eva Hobbs

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ... 4 *Months,* ... 15 *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 178 George St.

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,) ...

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, June 29th

Undertaker, John C. Hough

Place of Business, 319 Pennsylvania

J. W. C. Cuddy, *M. D.*
Medical Attendant.

Address 363 Franklin St.

JUN 28 1879

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 33006

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1879 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Cohen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 69 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Clothier

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number} 736 S. Charles St.

Cause of Death { First, (Primary,) Pleuritis et Pericardial effusion
Second, (Immediate,) Marasmus et Asthenia

Duration of last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cem

Date of Burial, June 29th 79

Undertaker, C. F. Krause

Place of Business, 209 Hanover

Wm. Silver M. D.
Medical Attendant.

Address, Same as above

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 33007

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1879

CERTIFICATE OF DEATH.

Date of Death, June 27. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Smith

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 51 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} # 258 N. Bond St.

Cause of Death, First, (Primary,) Overdose of Laudanum {whether suicidal or not unknown Co us}

Second, (Immediate,) Apnoea

Duration of last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 29th 1879

Undertaker, Wm. F. Eichman

Place of Business, 234 N. Gay St.

Geo. A. Hartman M. D.
305 N. Carey Medical Attendant.

Address. Edmund R Walker MD
Coron M P S

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 5

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33008.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUN 28 1879 BALTIMORE

Date of Death, June 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lloyd Rice

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 12 Bruce St

Cause of Death First, (Primary,)

Second, (Immediate,) Scarlet fever

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 28 1879

Undertaker, P. Kummert

Place of Business, Mulberry St *Address,* 552 W. Lombard

H. E. McGinnis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 33009

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 28 1879 BALTIMORE

Date of Death, June 27 - 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Taylor -

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 50 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, Black -

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer -

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co - Md -

Duration of Residence in the City of Baltimore, About 25 yrs -

Place of Death, {Give street and number} 95 Sarah Ann St -

Cause of Death First, (Primary,) Gastritis

Second, (Immediate,) Albumia

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 28 1879

Undertaker, [illegible]

Place of Business,

Wm R. King M. D.
Medical Attendant.

Address, 76 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 28 1879 BALTIMORE

Date of Death, June 27 - 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry H Baltz

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} no 4 - Cumberland st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} no 4 - Cumberland st

Cause of Death First, (Primary,) Colera Infantum

Second, (Immediate,)

Duration of last Sickness, 1 - day

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, June 29 - 1879 H J Couch M. D.

Medical Attendant.

Undertaker, Walter Immel

Place of Business, 252 W. Biddle *Address,* Carey & Fessenden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 33011

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33011

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1879

CERTIFICATE OF DEATH.

Date of Death, June 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Mc. Straney

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 48 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number} Pratt and Schroder

Cause of Death, {First, (Primary.) ____ Second, (Immediate.) Heart Disease

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, June 28

Undertaker, J B Corth

Place of Business, 707 W Baltimore St

J H R Wolfe M. D.
Medical Attendant.

Address, 28 North Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. [illegible] & Co., CITY PRINTERS AND STATIONERS.

[CT 5.]

No. 3[illegible]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 28 1879 BALTIMORE

Date of Death, June 27. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Schoenlein

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 346 E. Lombard St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Collapse

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Athanasius Cem. G. A. Leas M. D.

Date of Burial, June 29th '79 Medical Attendant.

Undertaker, Chas. Frank

Place of Business, 280 Canton Ave *Address,* Balto Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the [illegible] of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to [illegible]h within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set[illegible]rth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per[illegible]eased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible]LANY & CO. CITY PRINTERS AND STATIONERS. [OVER.]

No. 3[illegible]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Andrew Dill

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Rail Road Man

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All of his life

Place of Death, {Give street and number} 12 Bruce St

Cause of Death First, (Primary,) Don't know

Second, (Immediate,) Consumption of Lungs

Duration of last Sickness, Don't know Only saw him that time

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 28th 1879

Undertaker, P. Kummel

Place of Business, Mulberry St *Address,* 582 W. Pratt St

W. McSherry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 28 1879 BALTIMORE

Date of Death, June 24th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Gieg

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} House of Refuge 4th Ave —

Cause of Death, {First (Primary,) Death Fever / Second (Immediate,) Meningitis Entrance —

Duration of Last Sickness, 4 days —

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, June 28th 1879

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

Wm Porter M. D.
Medical Attendant.

Address 44 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Melvin Bond

Sex, Male ~~or Female~~, {cross ont the word not required in this line.}

Age, 25 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 51 Wayne St

Cause of Death {First, (Primary,) Second, (Immediate,)} Consumption

Duration of last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, June 29th 1879

Undertaker, Sarah Durphin

Place of Business, 51 Davis St

James A Steuart M. D.

Address, Comm of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Dr. Fitzpatrick

...ttention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1879 ...IMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William A. Small

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 5 *Years,* 6 *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Lawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 20 Months

Place of Death, {Give street and number.} 15 Cathedral St. Baltimore

Cause of Death, First (Primary,) Alcohol.

Second (Immediate,) Nervous Exhaustion

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 28th June 1879

Undertaker, H. W. Jenkins & Son

Place of Business, 416 Light St. *Address* 49 Franklin St. Baltimore

A. T. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3[illegible]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1879

CERTIFICATE OF DEATH.

Date of Death, June 27 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Turner

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 11 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ××

Occupation, ××

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 49 E. Caroline Street

Cause of Death { First, (Primary,) Cerebral Inflamation
Second, (Immediate,) ...

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, B Western Cemetery

Date of Burial, June 29th

Undertaker, Mandelan Bissel

Place of Business, S. Bond St. 151 *Address,* 11 E. [illegible]

James E. [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

...ntion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1879

CERTIFICATE OF DEATH.

Date of Death, June 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Rebecca Frost

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Leicestershire

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 292 Madison Avenue

Cause of Death { First, (Primary,) Old Age
Second, (Immediate,) Paralysis

Duration of last Sickness, Instantaneous

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemt

Date of Burial, June 29th 1879

Undertaker, John F. Andrews

Place of Business, 54 & 56 Saratoga Street

Jno Dickson M. D.
Medical Attendant.

Address, 26 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 33017

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1879

CERTIFICATE OF DEATH.

Date of Death, Thurs 27th 1879 8 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Gossmann

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* Two (2) *Months,* ——— *Days.*

Color, Colick

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 94 Hanover St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Alyshanous Cem

Date of Burial, June 29 1879

Undertaker, Henry Hook

Place of Business, 309 Central Ave Address, 61 Eager for Fairview Ave

Dr Glover M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 28 1879 BALTIMORE

Date of Death, June 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie L. Gawler

Sex, [redacted] *Female,* {cross out the word not required in this line.}

Age, [redacted] *Years,* 1 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 53 S. Paca St

Cause of Death {First, (Primary,) Premature Births

Second, (Immediate,) Inanition

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C

Date of Burial, June 28 1879

Undertaker, Charles Gawley

Place of Business, Washington *Address,* Corner 9th St and Pa Ave

James A Clute M. D.

[Residence of Attending Physician]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, except in cases of births and deaths of illegitimate children.

(OVER)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Jos. S. Fitzpatrick

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3302

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Kelly

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} F

Age, ——— *Years,* 8 *Months,* 25 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 11 Falls Road - near Mud Cove

Cause of Death First, (Primary,) Diarrhoea

Second, (Immediate,) Enteric Colitis

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 29 1879

James & Sloan M. D.

Medical Attendant.

Undertaker, James P. Boyce

Place of Business, Front St Canton

Address, Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulter

(OVER.)

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Wilson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 12 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 113 Chesnut alley

Cause of Death { First, (Primary,) — Second, (Immediate,) Diarrhoea

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem'y

Date of Burial, June 28th 1879

James H Lewis M. D.

Undertaker, F. A. Kerchner

Place of Business, Corner Monument Address, Commiss of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

L. P. Vansant Exam by [redacted]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 33023

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bauernschmidt

Sex, Male or Female, {cross out the word not required in this line.}

Age, 49 *Years,* 8 *Months,* 18 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, brewer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number} Annapolis Road

Cause of Death, {First, (Primary.) Second, (Immediate.)} Apoplexy.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudenn Park

Date of Burial, June 30 ~ 1879

Undertaker, B. Hearle

Place of Business, Light St

Medical Attendant. J. J. Litzen M. D.

Address, 160 Saratoga ste.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3302

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1879

CERTIFICATE OF DEATH.

Date of Death, 24th June 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emanuel Alphonso Stein

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 5 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number} L. Bond St. Ext. 186.

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Exhaustion

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, June 28 1879

Undertaker, George Shultis

Place of Business, 130 S. Bond St

William Horsch M. D.
Medical Attendant.

Address, S. Wolfe & Ms.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33025

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathew Bond

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* Two *Months,* 18 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} 138 Hill Street

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Clonic convulsions

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 28th

Undertaker, Hercules Ross

Place of Business, 95 Conway St. *Address,* 146 Hill St

J. L. Dyer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 93026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Jordan

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 22 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 80 S Eutaw.

Cause of Death, First, (Primary.) Asthenic Pneumonia

Second, (Immediate.) ____

Duration of last Sickness, Fifteen days.

All the above information should be furnished by the Physician.

Place of Burial, Hebrew cemetery Belair road

Date of Burial, June 29th 1879

Abram Arnold M. D.
Medical Attendant.

Undertaker, James S Byrne

Place of Business, No 63 Lombard St *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th June 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Frampton

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 134 Cross

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate.)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Patapsco

Date of Burial, June 29th

Undertaker, Armstrong & Denny

Place of Business, 963 Light st

H. W. Webster M. D.
Medical Attendant.

Address, 57 Bank st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OT 2...]

No. 33028

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Kraus.

Sex, ~~Male or~~ ~~Female~~, {cross out the word not required in this line.}

Age, Five *Years,* ~~Two~~ Nine *Months,* Eight *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 170 Leadenhall St

Cause of Death, First, (Primary,) Cerebro-Spinal Meningitis.

Second, (Immediate,) General Cachexia.

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 29th

Mary Salyer M. D.
Medical Attendant.

Undertaker, H. Brick

Place of Business, Pennsylvania Ave

Address, 165 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OVER.

No. 1141

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33029

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Hicks

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number} Peppers Hotel Cor Orange alley Hanover St

Cause of Death { First, (Primary,) Intoxication / Second, (Immediate,) Accidental Drowning Bay Va

Duration of last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Shaw St

Date of Burial, June 30

Undertaker, Hercules Ross

Place of Business, 94 Conway St

Edmd D Walker M. D.
Medical Attendant.

Address, Edmd D Walker M D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33030

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1879. 7. P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lavinia Forristr

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, X 28 *Years,* X *Months,* X 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, House Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} X Baltimore

Duration of Residence in the City of Baltimore, X Life time

Place of Death, {Give street and number} 380 Eddadion st

Cause of Death {First, (Primary,) Phthisis pulmonalis

Second, (Immediate,) Marasmus

Duration of last Sickness, Eighteen (18) Mon.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 29

Undertaker, Fry & Zeh

Place of Business, 34 N Broadway

Wm R Blum M. D.
Medical Attendant.

Address, S E Cor Eager & Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33031.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1879

CERTIFICATE OF DEATH.

Date of Death, 28th. June 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Michael

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and number} Fayette Street Court No 7.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, June 29th 1879

Undertaker, John Lake

Place of Business, no 161 E Balto

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe n. Fl.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back.

Board of Health, City of Baltimore,

Permit No. 33032

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Henry Gross.

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.} ~~male~~

Age, Four *Years,* Seven *Months,* *Days*

Color, ~~White~~ dark

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Calvert County Md

Duration of Residence in the City of Baltimore, two years

Place of Death, {Give street and number.} Parrish Alley bet- Saratoga & Mulberry

Cause of Death, First (Primary,) Bilious / Int Fever

Second (Immediate,) Convulsions

Duration of Last Sickness, twelve hours

All the above information should be furnished by the Physician.

Place of Burial, Central Cemetery

Date of Burial, ~~June 29th 79~~

Undertaker, ~~Fallon & Co~~

Place of Business, ~~10 Hopkins Pl~~

H. Strahan M. D.
Medical Attendant.

Address, 690 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 33033

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33033

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1879

CERTIFICATE OF DEATH.

Date of Death, June 27th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edna Philip Hall

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* Zero (1) *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, one month

Place of Death, { Give street and number } No 92 Wilkens ally

Cause of Death, { First, (Primary.) Second, (Immediate,) } Cholera Infantum

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 28 1879

Undertaker, S. Wilkinson

Place of Business, 97 S. Howard st

Ellis Mitchell M. D.
Medical Attendant.

Address, 158 S Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33034

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H Ridgeway

Sex, Male ~~*or Female,*~~ {cross out the word not required in this line.}

Age, 14 *Years,* —— *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 3 Milmer Alley

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,)

Duration of last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 28. 1879

Undertaker, S. W. Chase

Place of Business, 197 S Howard St

J. J. Miller M. D.
Medical Attendant.

Address, 89 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Henry Butler

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, cl

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, His entire life time

Place of Death, {Give street and number} 44 Druid St

Cause of Death {First, (Primary,) Diarrhea

{Second, (Immediate,) do Convulsions

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial June 29 1879

Undertaker, S Wilmore

Place of Business, 19 S Howard St

M. D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

ETY & FILM

No. C

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This C

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 28 1879

CERTIFICATE OF DEATH.

Date of Death, June 27 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Davidge

Sex, Male or Female, { cross out the word not required in this line. }

Age, 36 *Years,* ..... *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

Cause of Death, { First, (Primary.) ..... Second, (Immediate.) .....

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29 1879

Undertaker, S. W. Lemmon

Place of Business, 1918 Hoffman st

..... *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

KODAK S'A

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Lynch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 7 months Months, Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} State of Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Wilhelm st. near 84

Cause of Death, First (Primary,) Malaria

Second (Immediate,) Debility

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Philadelph Road C

Date of Burial, June 28, 1879

Undertaker, J. B. Blackston & Son

Place of Business, 606 Balt st

Wm A Jones M. D.

Medical Attendant.

Address 93 Fredk. ave, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 28 1879 BALTIMORE

Date of Death, June 28th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Walter Albin Rhodes

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, — *Years,* — *Months,* Fifteen *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number. } 885 E. Madison st

Cause of Death, { First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, during life

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetry

Date of Burial, 29th June.

Undertaker, Henry C. Wiedefeld *Address* 133 N. Exeter

Place of Business, 10 Greenmount Av.

A. P. Peaco M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 9

Board of Health, City of Baltimore,

Permit No. 33039

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Hickus

JUN 28 1879

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 46 Rose Alley

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, June 28th 1879

Undertaker, Henry Lawler

Place of Business, 252 Canton Ave

Wm. H. Mahon M. D.
Medical Attendant.

Address, 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33040

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Briles

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, —— *Years,* 7 *Months,* 21 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Infant

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 139. N. Chapel St

Cause of Death, {First (Primary,) Scarlatina Infantum

Second (Immediate,)

Duration of Last Sickness, 7. days

All the above information should be furnished by the Physician.

Place of Burial, St Mathews County

Date of Burial, June 29/79

Undertaker, Ch D Hoskins

Place of Business, 1360 Payette St

J. D. Whiteford M. D.
Medical Attendant.

Address 195 Aisquith St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [redacted]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [redacted]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33041

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Mayflower

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ———

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 96 Fort Avenue.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) ———

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 29th 1879

Undertaker, Peter Frey

Place of Business, 91 Eden Av

D. C. Stanniger M. D.
Medical Attendant.

Address, 32 Leight St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & Co. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Wright

JUN 28 1879 BALTIMORE

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 9 *Years,* ..... *Months,* ..... *Days.*

Color,

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, {Give street and number} 393 Hollidays St

Cause of Death, First, (Primary,) Dysentery.

Second, (Immediate,) 4 days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cecil County.

Date of Burial, June 30th

R. H. P. Elles *M. D.*
Medical Attendant.

Undertaker, B. Hearle

Place of Business, 411 Light St *Address,* 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE JUN 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alf. J. Brown

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number} 4 Forrest St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, 28th June

E. B. Fenby M. D.
Medical Attendant.

Undertaker, Charles A. White

Place of Business, 35 Granby St *Address,* 319 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 23, 1879 BALTIMORE

Date of Death, 23d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pary Fuller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the wor is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 345 Purnell alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Mount St 2nd

Cause of Death, First (Primary,) Cholera Infan.

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Oddfellows Burying Ground

Date of Burial, 24th June

Undertaker, Charles A. White

Place of Business, 85 Granby St

M. M. Mayer M. D.
Medical Attendant.

Address Jones Falls

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33045

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 29

Date of Death, 28th June 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Edgar Taylor

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 5 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 230 Carey St. N.

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudoun Park Cem

Date of Burial, June 29th 1879

Geo H. Dyster M. D.
Medical Attendant.

Undertaker, Hughes T.G.

Place of Business, 532 W Fayette St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore.

Permit No. 33046

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th June 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hamie C. Gayle

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 4 *Years,* 7 *Months,* 5 *Days.*

Color, Mr

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number } #230 N Carey St

Cause of Death { First, (Primary,) Scarlet Fever

{ Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, [redacted]/79

Undertaker, Hughes & Co

Place of Business, 530 W Baltimore St *Address,* 1 Waverley Terrace

Geo. C. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 118

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33047

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1879 BAL. MD.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jos Thos Cannine

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~

Occupation, ~~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, 1

Place of Death, { Give street and number } Cor Johnson & Hanover

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, one Week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 29th 1879

Undertaker, Wm Thacker

Place of Business, Park Ave

H B Noble M. D.
Medical Attendant.

Address, 17 Warren Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 330148

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur L. Sheffield

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 6 *Months,* 16 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 130 George St.

Cause of Death, {First (Primary,) Hydrocephaloid

Second (Immediate,) ——

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 30th 1879

Undertaker, Wm O'Weaver

Place of Business, No 202 N. Eutaw St *Address* 262 Madison Ave

Eldridge C. Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33049

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

REGISTERED IN THE OFFICE OF THE REGISTRAR OF VITAL STATISTICS JUN 29 1879 BALTIMORE

Date of Death, June 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Mills

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 11 St James Street

Cause of Death { First, (Primary,) Acute Bronchitis
Second, (Immediate,) Pneumonia

Duration of last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 29th June 1879

Jno L Russell M. D.
Medical Attendant.

Undertaker, Charles A White

Place of Business, 35 Granby St *Address,* Broadway & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 29 1879 BALTIMORE

Date of Death, June 27. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harley Robinson

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* Three *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Belt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 1, Greenhillen st.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Accidentally, smothered

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29 1879

Undertaker, Wm W Inadden

Place of Business, 335 N. Howard st

Geo C Ogle Coroner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3300

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33454

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 29 1879

Date of Death, June 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Grenzer

Sex, Male or Female, {cross out the word not required in this line.}

Age, [redacted] *Years,* [redacted] *Months,* 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balty City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 8 Leadenhall St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 29th 1879 James A Steuart M. D.

Medical Attendant.

Undertaker, H. Breitz

Place of Business, Hanover St *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jas Vansant M.D.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1879

CERTIFICATE OF DEATH.

Date of Death, June 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Lauterbach

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 10 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number.} 162 Leadenhall St.

Cause of Death, First (Primary,) Hip disease

Second (Immediate,) Debility

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 29th 79

Undertaker, C. F. Kranee

Place of Business, 209 Hanover

R. C. Lee M.D.
Medical Attendant.

Address, Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 33053

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1879

CERTIFICATE OF DEATH.

Date of Death, June 28

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Russell

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, white

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } B'lin, & md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 624 Charles St.

Cause of Death, First, (Primary,) Cholera Infant.

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, June 29th 79

R. H. Ellis M. D.

Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover *Address,* 315 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0748.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28. 1895.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Snowden,

Sex, Male or ~~Female~~, {cross out the word not required in this line.} M

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, Colored,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 3 Stockton al

Cause of Death {First, (Primary,) Entero Colitis,
Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29th 1895

Undertaker, Wm. N. Duvey

Place of Business, No 62 East Lf

J. W. Chambers M. D.
Medical Attendant.

Address, 141 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 33055

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isaac Jones

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 3 *Months,* 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } No. 4 Jefferson St Court

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29 th 1879

Undertaker, Wm N. Dunges

Place of Business, No 62 East St

Francis H. Power M. D.
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33056

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Henry Brown~~ June 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Brown

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male.

Age, 2 *Years,* — *Months.* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltm.

Duration of Residence in the City of Baltimore, In Life

Place of Death, {Give street and number} 64, N. Durham St

Cause of Death {First, (Primary,) ~~Colera~~ Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, June 29th 1879

Undertaker, Wm. H. Jones

Place of Business, No 62 East St

M. D.
Medical Attendant.

Address, 13 N. Durham St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33,057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27t June

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georg Hummel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 9 *Months,* ... *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} singel

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Caroline Street Nr 164.

Duration of Residence in the City of Baltimore, since his birth

Place of Death, {Give street and number.} Caroline Street Nr 164. Baltimore

Cause of Death, {First (Primary,) / Second (Immediate,)} Summer Diarrhoe

Duration of Last Sickness, 13 Days

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, June 29th

{*Undertaker,* Wendelin Diffel / *Place of Business,* S. Bond st. 151} *Address*

Ernst Hamel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1879

CERTIFICATE OF DEATH.

Date of Death, June 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Delita Gratto

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, colored *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, Baby

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 5 Plowman St

Cause of Death, First (Primary,) Marasmus — Heat

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, a few Days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent Cem.

Date of Burial, June 28

Undertaker, H. Diffel

Place of Business, 1 Bond st. 151

John Morris M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 330

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33059

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1879

CERTIFICATE OF DEATH.

Date of Death, June 28th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Hurst

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 60 *Years,* 10 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Twenty four (24) yrs

Place of Death, { Give street and number } 102 Gough St

Cause of Death, First, (Primary,) Contusion

Second, (Immediate,)

Duration of last Sickness, 6 days - Drawn Comp 3 hrs Fem

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 30th

Undertaker, Caroline Seipel

Place of Business, 151 E Baltimore

Z. W. Miller Surgeon M. D.
Medical Attendant.

Address, 121 W Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 330

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33060

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1879

CERTIFICATE OF DEATH.

Date of Death, June 28th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Gasser

Sex, ~~Male~~ or ~~Female~~, { cross out the word not required in this line. }

Age, ——— *Years,* Eight *Months,* Eighteen *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } McHenry near Payson st

Cause of Death, First, (Primary,) "Phthisis Pulmonalis"

Second, (Immediate,) Consumption

Duration of last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, W. of Johnsons.

Date of Burial, June 30th 1879

J. G. Smithson M. D.
Medical Attendant.

Undertaker, John L. Pauline

Place of Business, No. 66 Fredrick Ave. *Address,* 584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1879

CERTIFICATE OF DEATH.

Date of Death, June 28 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie V Collier

~~Sex, Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 9 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimo

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 134 Montgomery Place

Cause of Death { First, (Primary,) Teething
Second, (Immediate,) Chol. Infantum & Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, June 29th 1879

Undertaker, Armstrong & Sons

Place of Business, 263 Fifth *Address,*

A M Wridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

33062

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 23 1879

CERTIFICATE OF DEATH.

Date of Death, June 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Benson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color,

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give street and number} 714 Charles

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Maryland ~~Balto Co~~ Belleville ~~Balto Co~~

Date of Burial, June 3d

W. H. P. Ellis M. D.
Medical Attendant.

Undertaker, P. Harle

Place of Business, 411 Light St. *Address,* 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Granite 1457

[OVER.]

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. [redacted]33063

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28/79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Theresa Wagner

Sex, Male or Female, { cross out the word not required in this line. } female

Age, 1 *Years,* 3 *Months,* 6 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and number } 501. E. Monument st

Cause of Death, First, (Primary,) Cholera infantum

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, June 30, 1879 J. G. Dauch M. D.

Medical Attendant.

Undertaker, Henry Hecht

Place of Business, 30 Y Central av *Address,* 26 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 33064

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Fisher

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 139 Ridgely St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 30th 1879 Theodore Cook M. D.

Medical Attendant.

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi

Board of Health, City of Baltimore,

Permit No. 33065

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jenny Mettee

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ... *Years,* 20 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ——

Occupation, ——

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, 1

Place of Death, { Give street and number } 3 Little Sharp St

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Cerebrum Coma.

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 29 1879

Undertaker, Geo C. Rodenney

Place of Business, Gay St

Abram M Hood M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV.]

Board of Health, City of Baltimore,

Permit No. 33066

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pitcher L Edwards

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 27 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 102 Mulberry

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Meningitis

Duration of last Sickness, 3 or 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 29th June 1879

Undertaker, H H Jenkins Son

Place of Business, 16 Light St

Geo. N. Benson M. D.
Medical Attendant.

Address, 144 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saterday June 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin Andrew Remmer

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, ____ *Years,* 5 *Months,* 18 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, ____

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 21 O Donnell St

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 21 O Donnell St

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Dysentary

Duration of Last Sickness, 2 & 3 day

All the above information should be furnished by the Physician.

Place of Burial, Et. Paulus Cemtry

Date of Burial, June 29th 1879

Undertaker, Wm Nicolaus

Place of Business, Alice Ann str.

J E Pickard M.D.
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 33068

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Johns

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 241 Dows st

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharpest cemetery

Date of Burial, June 29. 1879

Undertaker, S. W. Lahase

Place of Business, 98 S. Howard st *Address,* 76 E. Pratt

S. Hanney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 33069

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Wm Haydenrich

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Years, Two (2) Months, Twenty Four (24) Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Harford Co Md

Duration of Residence in the City of Baltimore, Over Two Months

Place of Death, { Give street and number } 263 N Eden St

Cause of Death { First, (Primary,) Cholera Infantum / Second, (Immediate,) Exhaustion

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, June 30th

Undertaker, Henry Sander

Place of Business, 252 Fenton St. Address, Dr. E. Gwynn Carlin

Dr. Slow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 33070

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Francis Bond

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 25 *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 49 Jefferson St.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 3rd 1879

Francis A. Sues M. D.
Medical Attendant.

Undertaker, Thos. J. Jones

Place of Business, 1173 Jefferson St *Address,* 105 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 33071

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 30 1879

Date of Death, June 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Godwin

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* Two *Months,* ____ *Days.*

Color, W. Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 293 E Fayette st

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 293 E. Fayette st

Cause of Death, First, (Primary.) Teething

Second, (Immediate.) Meningitis acute

Duration of last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, June 30th 1879

Undertaker, James P Byrne

Place of Business, Front

Milton A Taylor M. D.
Medical Attendant.

Address, Broadway & Eastern

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

KODAK SAFETY

Board of Health, City of Baltimore

Permit No. 33072

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 30 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30 June 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Helene Dietrich

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* ... 2 *Months,* 16 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 347 W Fayette Street

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Weakness

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 1 July 1879

Undertaker A. Meidenreyer

Place of Business 278 W Balt. Str.

L. F. Reinhard M. D.
Medical Attendant.

Address 224 W Fayette Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

No.

Board of Health, City of Baltimore,

Permit No. 33073

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1879

CERTIFICATE OF DEATH.

Date of Death, June 29th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas. Henry Hunsman

~~*Sex,*~~ *Male or* ~~*Female,*~~ { cross out the word not required in this line. } Male

Age, 19 *Years,* 3 *Months,* ——— *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. } ———

Occupation, Mechanic

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number } 54 Hanover St

Cause of Death, { First, (Primary,) Hydrocephalus Pneumonia

{ Second, (Immediate,) Phthisis

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 30th 1879

Undertaker, Armstrong & Sons

Place of Business, 263 Light St

W B Noble M. D.
Medical Attendant.

Address, 17 Hanover av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33074

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Hovey

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 78 Battery Avenue

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, June 30th 1879

Undertaker, Smith & Dean

Place of Business, 269 East

Gorton Bro & Co M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

...n of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 33075

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT JUN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Truschler

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth,} Balto. city

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give street and number} 303 ~~East St~~ Canton Ave

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, July 2nd 79

Undertaker, M. Feane

Place of Business, 280 Canton Ave

E. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 33076 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Louisa Binns

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 5 ½ *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Solmore et near Lamdeau

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Stone Mausoleum

Date of Burial, June 30 '79

Undertaker, Hughes & Co

Place of Business,

J H Haney Hill M. D.
Medical Attendant.

Address 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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...ention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba... No. ...

Board of Health, City of Baltimore,

Permit No. 33077

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nettie Earles

Sex, Male or Female, { cross out the word not required in this line. }

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Balto., Life

Place of Death, { Give street and number } 52 Low St

Cause of Death, { First, (Primary.) } { Second, (Immediate,) } Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 30 1879

Undertaker, C. Waysmith

Place of Business, Saratoga St *Address,* Comm. of Health & Registrar

James A. Steuart M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Exam by John H. Coulter M.D.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 33078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Whelan.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} "

Age, 57 *Years,* 3. *Months,* " *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} "

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 158 N Eutaw St

Cause of Death, {First (Primary,) Mammary Cancer

{Second (Immediate,) "

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cem

Date of Burial, June 30th 1879

G. H. Mairs M. D.
Medical Attendant.

Undertaker, Chas. E. Semmes

Place of Business, 211 Eutaw St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

...ntion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 33079

OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1879

CERTIFICATE OF DEATH.

Date of Death, June 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine M Braden

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, X *Years,* 7 *Months,* 2 mo 3 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} No 24 Valley St

Cause of Death {First, (Primary,) Dentition.

{Second, (Immediate,)

Duration of last Sickness, At 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 1st 1879

Undertaker, Schaffer & Scriven

Place of Business, 271 Eutaw St *Address,* 132 E Balt St

Geo A Kunemo M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore

Permit No. 33080 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm H Bishop

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Rigger

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and number } Basin near Locust Point
Res 364 Canton av.

Cause of Death { First, (Primary,) — { Second, (Immediate,) Drowned

Duration of last Sickness, Short

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemtry

Date of Burial, June 30th

Undertaker, H Eschlich

Place of Business, 246 Eastern Av

R. C. Y. 22 M. D.
~~Medical Attendant~~ Coroner S D.

Address, Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

...Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore

Permit No. 33081

OFFICE OF REGISTRAR OF VITAL STAT...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 30 1879 BALTIMORE

Date of Death, June 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Brown

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, One *Years,* 7 *Months,* 15 *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, His whole life

Place of Death, {Give street and number} 165 York St

Cause of Death { First, (Primary,) Cholera Infantum
, { Second, (Immediate,) do Congestion Brain

Duration of last Sickness, Four weeks (Visiting)

All the above information should be furnished by the Physician.

Place of Burial, Sharp St.

Date of Burial, June 30th

Undertaker, Heretas Ross

Place of Business, 45 Conway St

M. Hammond M. D.
Medical Attendant.

Address, 64 N Pine St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 33082

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, acc... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 30 1879 BALTIMORE

Date of Death, June 29th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina Seibert

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 79 *Years,* 5 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Corset Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 47 years

Place of Death, {Give street and number} 103 E Baltimore St

Cause of Death { First, (Primary.) Shock from fall received 12 days before death

Second, (Immediate,) Coma.

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Lutheran

Date of Burial, July 1st 1879

Undertaker, Thos S Hughes

Place of Business, 60 E Baltimore

D Webster Gatchell M. D.
Medical Attendant,

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...tion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o... No. ...

Board of Health, City of Baltimore,

Permit No. 33083

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida B Kemp

Sex, Male or Female, {cross out the word not required in this line.} .....

Age, one *Years*, ... *Months*, ... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} .....

Cause of Death, First, (Primary.) .....

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, N. Public Cem'y

Date of Burial, June 30 1879

Undertaker, F. A. Kercheval

Place of Business, ...

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimor

Permit No. 33084

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accur... ent, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 30 18...

Date of Death, June 28th 18 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert Clifton Hahn

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} #231 N. Wolf st.

Cause of Death {First, (Primary,) Acute Hydrocephalus

{Second, (Immediate,)

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, June 30th 79

Undertaker, C. F. Krauke

Place of Business, 209 Hanover

S. F. Coyner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 33085

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, as filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Bay

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 83 *Years,* *Months,* *Days*

Color, White

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 95 Saratoga st

Cause of Death, First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 30th

Undertaker, John E Blong

Place of Business, 319 S Sharp st

John Ford M.D.
Medical Attendant.

Address, 2 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimo

Permit No. 33086

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Schlott

JUN 30 1879

Sex, Male or Female, {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 372 Saratoga St

Cause of Death First, (Primary,) Valvular disease Heart

Second, (Immediate,) Dropsy

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 31 1879

Undertaker, P. Kennedy

Place of Business, Mulberry St

S. T. Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

Board of Health, City of Baltimor

Permit No. 33087

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1879 BA ORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar Hermer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 10 11 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 9 Lombard St

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Cholera Infantum

Duration of last Sickness, Five Days

All the above infor

Place of Burial, Trinity Cemetery Frap. Road

Date of Burial, June 30th

Undertaker, [redacted]

Place of Busin H. Froelich *ress,* 2 1/2 Light St

..... M. D.
Medical Attendant.

Extract *h to secure a full and correct record of*
y of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ction of Physicians is respectfully invited to the remarks below, and to list of Diseases o...

Board of Health, City of Baltimo...

OFFICE OF REGISTRAR OF VITAL ...

Permit No. 33088

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1879

CERTIFICATE OF DEATH.

Date of Death, June 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margarette Bauer O'Mil-

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 0 *Years,* 7 *Months,* 26 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 44 S Oregon St

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Meningitis

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 30

W. H. Keech M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 W Pratt Baltimore *Address,* N W Cor Fayette & Calhoun Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33089

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mc Meagher

Sex, Male or Female, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Saloon

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number} 186 Constitution St

Cause of Death, First, (Primary,)

Second, (Immediate,) Hepatitis

Duration of last Sickness, 6 days

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, June 30, 1879

Silas N. Hunter M. D.
Medical Attendant.

Undertaker, M. A. Daiger

Place of Business, 94 S. Broadway

Address, 97 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

...tion of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles R Rue

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 18 *Days.*

Color, White -

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore -

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give street and number} 671 W Fayette St -

Cause of Death First, (Primary,) Marasmus -

Second, (Immediate,) Inanition -

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, July 1st 1879

Undertaker, J Hughes & Co

Place of Business, 530 W Fayette St

W L Keyser M. D.
Medical Attendant.

Address, 1 W Fayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 30 1879

Date of Death, June 30th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas R. Speice

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 6. *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 467 Saratoga st

Cause of Death, {First (Primary,) Scarlatina maligna. Second (Immediate,) Pertonitis

Duration of Last Sickness, About 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, July 1 1879

Undertaker, Philip Myers

Place of Business, 420 Saratoga

Edw Shaw M.D.
Medical Attendant.

Address 543 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...tion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33092

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Gale

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ____ *Years,* 9 mos *~~Months~~,* ____ *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 157 Raborg

Cause of Death, First, (Primary,) Mal-Nutrition

Second, (Immediate,) Convulsions

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 30 1879

Undertaker, S. W. Schnebel

Place of Business, 198 S. Howard St

C. F. Bevan M. D.
Medical Attendant.

Address, Balto. Gen'l Dispensary.

JUN 30 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33093

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30 1879

JUN 30 1879 BALTIMORE

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charly W Ettern

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One Year, Three Months, ~~Days.~~

Color, White

~~Married, Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 278 N. Gay Str.

Cause of Death, First (Primary,) Entero-Colitis

Second (Immediate,) Convulsions

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 1st /79

Undertaker, Geo Schilling

Place of Business, 15th Land Lyons

A. Aronsohn M. D.
Medical Attendant.

Address 264 N. Caroline Str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 33094

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 30 1879 BALTIMORE

Date of Death, June 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry O Donnell

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Three (3) *Years,* Four (4) *Months,* Fifteen (15) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore & City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 184 Edmonson Street

Cause of Death { First, (Primary.) Gastro Enteritis (cholerine)
, { Second, (Immediate,) Eclampsia

Duration of last Sickness, Several hours.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, June 30th/79

{ *Undertaker,* Geo Schilling
{ *Place of Business,* 45th and Ingram

S W Selover M. D.
Medical Attendant.

Address, SE Cor Eager & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...tion of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30th '79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Popp

HEALTH DEPT. JUN 30 1879 BALTIMORE

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Cigar maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Heart Disease (Organic) Hepatitis & Pleurisy
Second, (Immediate,) General Dropsy & Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 31 of June

Undertaker, Mathew Cadogan

Place of Business, 227 Mulberry St

J. B. Brune M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3130

...ntion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

U.S. JUN 30 1879

Date of Death, June 29 — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Bowser

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 61 Hargrove alley

Cause of Death, First, (Primary.) Inal Inanition Accidentally (nursing)

Second, (Immediate,) Chol Infantum

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Eastern Public Cem

Date of Burial, June 30 1879

Undertaker, P. Mullins

Place of Business, ———

Thos A Elmer M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by E. Wenman Nov 2

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 30 1879

Date of Death, June 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} M. Francis Gatch

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* Eight *Months,* Nine *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 154 N. Chapel St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 154 North Chapel St.

Cause of Death, First (Primary,) Said to be Cholera Infantum but

Second (Immediate,) do not know as it has since the Case

Duration of Last Sickness, About One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 30th 1879

Undertaker, Theodore J. Hook

Place of Business, 73 Jefferson St.

A. Howard *M. D.*
Medical Attendant.

Address 169 Baust St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 30 1879 BALTIMORE

Date of Death, June 27th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Nolan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 50 *Years,* — *Months,* — *Days.*

Color, W

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 7 N. Bethel St.

Cause of Death, First (Primary,) Bright's Disease

Second (Immediate,) Uraemia

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician

Place of Burial, Camel Cemetery

Date of Burial, June 30th 1879

Undertaker, Theodore J. Lurk

Place of Business, 13 Jefferson St.

R. F. Leonard *M. D.*
Medical Attendant.

Address 26 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...ion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1879

CERTIFICATE OF DEATH.

Date of Death, June 29, 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan Watters

Sex, Male or Female, { cross out the word not required in this line. }

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, Col.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Washing

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } N. Y.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 97 Stirling Pl

Cause of Death, First, (Primary.) Cardiac Asthma

Second, (Immediate,) Unknown

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Asbury M. E. Cemetery

Date of Burial, June 30th 1879

Undertaker, Theodore J. Weeks

Place of Business, 23 Jefferson St

D. A. White M. D.
Medical Attendant.

Address, 21 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 30 1879

Date of Death, June 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgie Eugene Cooper

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 223 Mulliken St

Cause of Death, First (Primary,) Bilious Pneumonia

Second (Immediate,)

Duration of Last Sickness, 2 months 1 week

All the above information should be furnished by the Physician.

Place of Burial, Ballast St Cemetery

Date of Burial, June 30th 1879

Undertaker, Thos J Lewis

Place of Business, 73 Jefferson st

Wm J Hill M. D.
Medical Attendant.

Address 814 Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2011

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33101

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 30 1879

Date of Death, June 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Clarence Stoak

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color,

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number} 161 Johnson St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 1st 1879 R. H. P. Ellis M. D.

Medical Attendant.

Undertaker, Chas. T. Sanders

Place of Business, 271 N Eutaw *Address,* 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1879

JUN 30 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Finkenauer

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 29 *Years,* 4 *Months,* 2 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 180 Madison Ave

Cause of Death, First (Primary,) Child Birth

Second (Immediate,) Convulsions & Paralysis

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 1st 1879

J. Gibbons M. D.
Medical Attendant.

Undertaker, John L Boecher

Place of Business, Park & Fayette Pl Address 172 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1879

CERTIFICATE OF DEATH.

Date of Death, June 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of John T. Proctor

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 29 Montgomery St

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, June 30 1879

James A Clements M. D.

Undertaker, Jacob Davis

Place of Business, Lee St

Address, Coroner of St Mary's & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Jos V. Fitzpatrick M.D.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel Louisa Beauchamp

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 108 S. Washington St.

Cause of Death, First, (Primary,) Whooping Cough (Pertussis)

Second, (Immediate,) Bronchitis

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Home Woodlawn Cemetery

Date of Burial, July 1st 1899

James C. McShane M. D.
Medical Attendant.

Undertaker, John Galt

Place of Business, 161 W. Saratoga St. *Address,* W. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June. 29. 1879.

JUN 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Bantum

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 0 *Months,* 0 *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 17 Mechanic Court,

Cause of Death {First, (Primary.) Entro-Colitis.
Second, (Immediate,) Exhaustion.

Duration of last Sickness, 4 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 30th 1879

Undertaker, Wm. P. Dungee

Place of Business, No 62 East, st

J. J. Chambers M. D.
Medical Attendant.

Address, 141 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lee Berthia Gwin

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 16 *Days.*

Color, c d

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 109 Chestnut St

Cause of Death, First, (Primary,)

Second, (Immediate,) Adynamia

Duration of last Sickness, Continuous

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, June 30th 1879 A Augustus Thier M. D.
Medical Attendant.

Undertaker, Wm. H. Dunger

Place of Business, No 62 East St, *Address,* 11 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 6570

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33107

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Elez Little

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ~~—~~ *Years,* 2 *Months,* ~~—~~ *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Co

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 4 Stockholm St

Cause of Death, { First, (Primary,) Mal Nutrition / Second, (Immediate,) Atrophy

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 30 1879

James A Lamb M. D.
~~Medical Attendant.~~

Undertaker, John S. Medick

Place of Business, Paca St

Address, Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by D. L. Fitzpatrick

(OVER)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia A. Matthews.

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 14 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 36 Richmond St.

Cause of Death First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 7 or 8 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 30th 1879

J. H. Keller M. D.
Medical Attendant.

Undertaker, Wm. H. Bishop Jr.

Place of Business, 97 Druid Hill Ave. *Address,* 89 Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 33109

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 30 1879 BALTIMORE

Date of Death, June 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Taylor

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* one *Day.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 53. State Street

Cause of Death, First, (Primary,) Mal Nutrition

Second, (Immediate,) Atrophy

Duration of last Sickness, all it Life

All the above information should be furnished by the Physician.

Place of Burial, W. Balto County

Date of Burial, June 30 1879

James A Clemm M. D.

~~Medical Attendant.~~

Undertaker, F. A. Kerchner

Place of Business, 508 S. Carrollton Ave *Address,* Commissioners of Health

H Reynolds

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. P. Freeman

[OVER.]

...of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Smith

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ~~——~~ *Days.*

Color, White.

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 116 Hughes Street

Cause of Death { First, (Primary,) Cholera Infantum. / Second, (Immediate,) .....

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, June 30 1879

Undertaker, C F Kraus

Place of Business, 209 Hanover *Address,* 211 Hanover Street

R. M. Hodge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 1240

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1879

CERTIFICATE OF DEATH.

Date of Death, June 30 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Martin Jackson

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ~~—~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, ~~—~~

Place of Death, { Give street and number } No 288 Riviera Av

Cause of Death, { First, (Primary,) Cholera Infantum

{ Second, (Immediate,) ~~—~~

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 1st 1879

Undertaker, John Cook

Place of Business, Schroeder & Bak

H. B. Noble M. D.
Medical Attendant.

Address, 17 Hanover Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2.- And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DURANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33112

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rohleder

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 128 Lewis St —

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 1st 1879

{ *Undertaker,* Andrew Knode
{ *Place of Business,* 206 Columbia Ave

Edw. F. Mickley and M. D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30th June 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Anny Ruth

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ____ *Years,* 1 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ~~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, { Give street and number } Barton Street No 20 21

Cause of Death, { First, (Primary,) Diarrhoea / Second, (Immediate,) Exhaustion

Duration of last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, July 1st

Undertaker, W. H. Diffel

Place of Business, S. Bond St 151

William Henkel M. D.
Medical Attendant.

Address, S. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Salomon

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 77 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Retired Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 40

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 168 Franklin

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Hebrew Cemetery

Date of Burial, July 2.

Undertaker, J R Cook

Place of Business, 707 West Baltimore

S T Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Lehner

Sex, Male or Female, {cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, marble - business

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and number} 160 Saratoga ste

Cause of Death, First, (Primary,) Affection of the liver

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Harrisburg Pa

Date of Burial, June 30th 1879

John J. Litzer M. D.
Medical Attendant.

Undertaker, Hendline Dippel

Place of Business, 151 S. Bond st *Address,* 160 Saratoga street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transcribed 14 5 9

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 1879

CERTIFICATE OF DEATH.

Date of Death, June 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Atchison

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.} Female

Age, 48 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Garden St between Madison & Eutaw sts.

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, About two years

All the above information should be furnished by the Physician.

Place of Burial, Bona Brea

Date of Burial, July 2nd 1879

Undertaker, John J Andrews

Place of Business, No 456 Druid Hill Ave

Charles O'Donnovan M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 30 1879

Date of Death, June 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Duncan

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 25 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 46 Stockholm st

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, July 1st 1879

Undertaker, H. A Kuchaus

Place of Business, ____

Thos A Kemp M. D.
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by Jas Dawson

(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1 1879

CERTIFICATE OF DEATH.

Date of Death, June 29th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Thomas

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 0 *Years,* 3 *Months,* 0 *Days.*

Color, Dark Brown

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Child

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number } 20 S. Eden St.

Cause of Death, First, (Primary,) Spasms

Second, (Immediate,) Exhaustion

Duration of last Sickness, Two Hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, July 1, 1879

_____ *M. D.*
Medical Attendant.

Undertaker, Geo Saffman

Place of Business, 121 S. Eden St. *Address,* _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV 48.]

The special attention ... of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUL 1879 BALTIMORE

Date of Death, June 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha A. Russell

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 14 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 68 Portland St —

Cause of Death { First, (Primary,) Hooping Cough
Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 2d 1879

Undertaker, Geo Lembach

Place of Business, 389 W. Pratt

Edwd F. Nicholson M. D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33120.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 11 1879

Date of Death, June 30 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Johnson (Mother)

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 24 Gilbert St

Cause of Death, {First, (Primary,) {Second, (Immediate,)} Convulsions

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 2 1879 Jas A Steuart M. D.
Medical Attendant

Undertaker, Peter Kunnat

Place of Business, 317 Mulberry St *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. Tennant Sloyd

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1879 IMORE

Date of Death, July 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie L Lowe

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 hrs 13 *Years,* Six (6) *Months,* 1 Mo & 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 50 Wilson St

Cause of Death, {First, (Primary,) Erysipelas Anginose

Second, (Immediate,) Face Dropsy

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 2d July 1879

Geo. L. Cole M. D.
Medical Attendant.

Undertaker, Jh. Sedwick

Place of Business, 35 S. Eutaw St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 33122

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Thompson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 23 *Years,* 6 *Months,* — *Days.*

Color, Black.

~~*Married*~~, *Single*, *Widow or Widower,* {Cross out the word not required in this line.}

Occupation, Cook Married Woman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co. Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number} Hill St

Cause of Death, {First, (Primary.) —
Second, (Immediate.) Medulary Sarcoma

Duration of last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md.

Date of Burial, removal July 1st

Gordon Cook M. D.
Medical Attendant.

Undertaker, Hercules Ross

Place of Business, 95 Conway St *Address,* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Grant 1460

[OVER.]

...Registration... ...Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33123

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herbert A. Morris

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* Eighteen *Months,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Locust Point Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 36 Hull St.

Cause of Death, First, (Primary.) ____

Second, (Immediate.) Cholera Infantum

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, July 2d 1879.

Undertaker, Leonhard Kurtz

Place of Business, S. Bond St. No 222

Nicholas L. Dutton M. D.
Medical Attendant.

Address, 207 S. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

...Special Attention ... Questions Marked as Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus Joseph Allen

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} (Twin) (Parents

Age, ——— *Years,* ——— *Months,* half hour ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 32. Burrough St

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, July 1st 1879

James A Steuart M. D.

Undertaker, C. B. Hardesty

Place of Business, Light St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd. Jas. Tennant M. D.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30. JUL 1 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leopold Millner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {~~Cross out the words not~~ required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 235 Eastern ave

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery Geo C Benziger M. D.

Date of Burial, July 1th 1879 Medical Attendant.

{*Undertaker,* Wm Elan

{*Place of Business,* 101 Gough St *Address* Cor Broadway & Fleet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence Lenz

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 70 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Porter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number} 1.0. 2 Lee

Cause of Death { First, (Primary,) Old Age
Second, (Immediate,) .....

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, June 24 1879

Undertaker, John Hennig

Place of Business, 382 Orleans St. *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special attention is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3127

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta & Joseph Allen (Twin) (Parents

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ Half hour ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 32 Burrough St

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, July 1st 1879

Undertaker, B. Harley

Place of Business, Light St

James A Steuart M. D.

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by - Jal Vansant

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Aijala

~~Sex,~~ Male ~~or Female~~, {cross out the word not required in this line.}

Age, about 25 yrs *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, Seven Days

Place of Death, {Give street and number} Baltimore Infirmary

Cause of Death First, (Primary.) Epilepsy

Second, (Immediate.)

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 1st 1879

Undertaker, Adam Weidemeyer

Place of Business, 578 W Baltimore St.

Edmund C Rivers M. D.
Medical Attendant.

Address, Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonora Henson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ~~ Years, 6 Months, ~~ Days.

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 137 Raborg St

Cause of Death, First, (Primary,) Mal. Nutrition (Cachexia)

Second, (Immediate,) Atrophy

Duration of last Sickness, all its Life / Infancy

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 1 1879

Undertaker, W. H. Duncan

Place of Business, 64 East St

Thos A Stewart M. D.

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by Jas V. Fitzpatrick (OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33130

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Tenny

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 2 *Months,* 5 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 1186 E Lyon St

Cause of Death, {First, (Primary,) ____ Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, July 1st 1879

F. E. Shattuck M. D.
Medical Attendant.

Undertaker, Adam Funk

Place of Business, N. Gay St

Address, 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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[OVER.]

...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 11 1879

CERTIFICATE OF DEATH.

Date of Death, June 30 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thos. Stone

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 80 S. Carrollton

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Day after Birth 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 1, 1879

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

John E. Lemmon M. D.
Medical Attendant.

Address, 80 Carrollton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention ... respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3312

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1 1879 MORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} B. Zeller

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, — — —

Place of Death, {Give street and number} Re Cross st. in the rear

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, July 1st

C. L. Dudderar M. D.
Medical Attendant.

Undertaker, C. B. Hark

Place of Business, 711 Light St. *Address,* 1644 Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Pay special attention to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Lee

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 0 Years, Five (5) Months, Three (3) Days.

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} # 103 S. Durham St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Tubercular Meningitis

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Dallis st Cemetry

Date of Burial, July 1.

A. F. Erich M. D.
Medical Attendant.
per. Bowden

{Undertaker, Theodore J. Lochs
{Place of Business, N 103 Jefferson

Address, # 94 S. Bidivy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chs Bihlman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* 14 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 128 West.

Cause of Death First, (Primary,) Scarletina

Second, (Immediate,) Diptheria

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, July 2d 1879

Undertaker, B. Hanley

Place of Business, Light St

Louis Chs Horn M. D.
Medical Attendant.

Address, 226 Mulberry E

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

R 429

Permit No. 33135

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jon H Baker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 64 *Years,* 4 *Months,* 1 *Days.*

Color, Accost

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Books

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Easton Shore Md

Duration of Residence in the City of Baltimore, 46

Place of Death, {Give street and number.} 4 Druid Hill Ave

Cause of Death, {First (Primary),} Apoplexy

{Second (Immediate,)} 18 Hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 1st 1879

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St

Chas W Fiske M.D.
Medical Attendant.

Address Fayette & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33136

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eddie Grey

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 1 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 Days

Place of Death, {Give street and number} Nursery & Child's Hospital

Cause of Death, First, (Primary.) Mal Nutrition

Second, (Immediate,) ____

Duration of last Sickness, Not known. Sick when received

All the above information should be furnished by the Physician.

Place of Burial, ____

Date of Burial, ____

C. F. Brian M. D.
Medical Attendant.

Undertaker, ____

Place of Business, ____ *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conr. Peters

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Boy

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number.} 6 Eden Court

Cause of Death, First, (Primary.) Whooping cough

Second, (Immediate.) Exhaustion

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius Cem.

Date of Burial, July 2d 1879.

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles August Henry Matzen

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, 9 *Years,* 11 *Months,* 11 *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 228 S. Ann St

Cause of Death, First (Primary,) Meningitis (Acute)

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 2. 1879.

Undertaker, H. Hohmann

Place of Business, 63 S. Eden St.

Thomas R. Evans M.D.

Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

~~Board of Health, City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 2 1879 BALTIMORE

Date of Death, July 1 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith May Duncan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Year's,* Two *Months,* 1 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} Res. cor Baker & Calhoun

Cause of Death, {First (Primary,) Gastro Enteritis (Diarrhoea)
Second (Immediate,) Den Diap

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, July 2d 1879

Undertaker, J. W. Leonard

Place of Business, 182 W. Baltimore

H C Nelson M. D.
Medical Attendant.

Address No 8 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nelson G. Reynolds

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* 8 *Months,* 22 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Contractor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, About 45 yrs

Place of Death, {Give street and number.} 134 German St

Cause of Death, First (Primary.) Wound in foot.

Second (Immediate.) Traumatic Tetanus.

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 3 /79

Undertaker, Thos Bethel

Place of Business, 150 German St

N. G. Ridgely M. D.
Medical Attendant.

Address 162 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Sullivan,

~~*Sex*~~, *Male* ~~*or Female*~~, { cross out the word not required in this line. }

Age, 12 hrs. ~~*Years,*~~ *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, 12 hrs.

Place of Death, { Give street and number } 496. N. Fremont St.

Cause of Death, { First, (Primary,) Protracted Labour, Prematurity in age of child, it being 5 Second, (Immediate,) days less than 8 mths! Asynamia.

Duration of last Sickness, 12 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, July 2 d 1879

Undertaker, Robt T Scruton

Place of Business, 221 Baltimore

Wm Rickert, *M. D.*
Medical Attendant.

Address, 520. Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Carter

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 62 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Maiden

Occupation, "Home Made" Pie and Cake Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Entire Lifetime

Place of Death, {Give street and number} 58 & Chapel St

Cause of Death { First, (Primary,) Diarrhea of several weeks standing
Second, (Immediate,) General Debility—

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 4th 1879

Undertaker, Hughes & Leo

Place of Business, 65 S Broadway

D W Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonia Victoria Dughi

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 5 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number} 59 President st

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, I. O. Cemetery

Date of Burial, July 2 -

Undertaker, Wendelken Dippel

Place of Business, Bond St. 157

D. W. Cathell M. D.
Medical Attendant.

Address, 24 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33144

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob E. Simpson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 176½ East av.

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, July 2nd

Undertaker, Vandiver Dyer

Place of Business, E. Baltimore St.

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his inquest, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Kopp

Sex, Male or Female, {cross out the word not required in this line.}

Age, 78 *Years,* 4 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hesse Darmstadt Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} 186 Caution Ave. cor Caroline

Cause of Death, First, (Primary,)

Second, (Immediate,) Old Age

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Co.

Date of Burial, July 3d

Undertaker, [redacted]

Place of Business, [redacted] Bond st. 15 *Address,* 357 Orleans st.

L. H. Colliburg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33146

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias Henry Boring

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 156 Division St.

Cause of Death, First (Primary,) Syphilis Congenitas.

Second (Immediate,) Marasmus

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemet

Date of Burial, July 2 1879

Undertaker, E. H. Boring

Place of Business, 156 Division St

A. C. Fox M.D.
Medical Attendant.

Address, Cor Payette & Schroeder sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irving Buck

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 222 Bank St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Diarrhoea - 3 Weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudoun Park.

Date of Burial, July 2nd

Undertaker, J. W. Buck.

Place of Business, Patterson Ave

J. H. Bunnell M. D.
Medical Attendant.

Address, 762 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carolina Long

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 48 *Years,* 8 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Stonecutter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number} 279 Canton St.

Cause of Death, {First, (Primary,) —

Second, (Immediate,) Bright's Disease of the Kidneys

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, July 3 Th 1879

Theodore Cook M. D.
Medical Attendant.

Undertaker, Julius Kaehler

Place of Business, Harper Cross St. *Address,* 146 Hanover St

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta Elizabeth Waite

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ~~Years,~~ Three (3) Months Twenty six (26) Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 2 Abbott Street

Cause of Death First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 2d '79

Undertaker, Henry Hoeck

Place of Business, 306 N. Eutaw St.

S. Steiner M. D.
Medical Attendant.

Address, 108 Cor Paca & Lexington Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Selma Bahnsen

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 301 Kamman St

Cause of Death, First, (Primary.) Bronchitis

Second, (Immediate,) Meningitis basilaris.

Duration of last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 3rd.

Undertaker, H Brice

Place of Business, Hanover St 91

Henry Taber M. D.
Medical Attendant.

Address, 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 2 1879

Date of Death, July 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James O Harbaugh

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 477 E Chase St.

Cause of Death {First, (Primary,)} Paralysis

{Second, (Immediate,)}

Duration of last Sickness, Six years

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, July 2nd

Undertaker, H. Saulsbury.

Place of Business, Canton or Nos Broadway. *Address,* 19 & Broadway

E May *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 2 1879 BALTIMORE

Date of Death, June 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William J Sweeny.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,* Male.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Carpenter & Builder.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dublin Ireland. 50 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 109 Mosher St.

Cause of Death, First (Primary,) Supposed, Softning of the Brain

Second (Immediate,) " " " "

Duration of Last Sickness, Has been unwell for years, but confined to bed only One weeks.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 3d 1879

Undertaker, John Eglenough

Place of Business, 319½ Penna Ave Address 98 N Greene st.

D J Pennington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 33153.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Russell T. Masson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* 11 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Adams Co. Penn.a

Duration of Residence in the City of Baltimore, 22 months

Place of Death, {Give street and number} # 438 E. Eager St.

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate,) Eclampsia

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, East Balto Station

Date of Burial, July 3rd. 1879. Geo. A. Hartman M. D.

Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N Gay *Address,* #305 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33154

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 2 1879

Date of Death, July 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kaufman Neuman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 2 *Months,* 14 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long to the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} W 117 N. Paca St.

Cause of Death, First (Primary,) Marasmus

Second (immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician

Place of Burial, Abel Schalem Cem.

Date of Burial,

Undertaker, H. W. Teckner,

Place of Business, 63 S. Eutaw

Pembroke W. Wamble M. D.
Medical Attendant.

Address 203 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 2 1879 BALTIMORE

Date of Death, July 1st 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* six *Months,* ____ *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 72 - Morris Alley

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, W. Pable & Cemetery

Date of Burial, July 2 1879

A. T. Bell M. D.
Medical Attendant.

{*Undertaker,* Fred A. Kirchner *Address* 306 Madison Ave
{*Place of Business,* Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33156

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Petrie

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~~ *Years,* 9 *Months,* ~~~ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 174 Eastern Ave

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Diarrhoea

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cem

Date of Burial, July 2d 1879 James A Steuart M. D.

Medical Attendant.

Undertaker, A. Koehler

Place of Business, 24 & E. Lombard St. *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by Geo E. Taylor [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 2 1879 BALTIMORE

Date of Death, Tuesday. July 1st. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos Butler

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 6 Forest Place

Cause of Death { First, (Primary,) Diarhea
, { Second, (Immediate,) Asthenia.

Duration of last Sickness, Two weeks-

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, 3 July 10 Oclock A.M.

Undertaker, Geo. E. Boudinaye

Place of Business, 38 Eason Street

Wilmer Barton M. D.
Medical Attendant.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

...Special Attention ... is respectfully invited to the remarks below, and to List of Diseases on Back ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33158

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bozell

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— Years, 4 Months, ——— Days.

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 50 Little Monument St

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate,) Enteritis Colitis

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 2nd 1879

Undertaker, W. H. Bisher

Place of Business, 97 Druid Hill Ave

Thos A Glenn M. D.
~~Medical Attendant.~~

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33159

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1 July 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margarette Strank

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* ..... 8 *Months,* ..... 5 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 57 E Lombard

Cause of Death, {First (Primary,) / Second (Immediate,)} Meningitis.

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cem—

Date of Burial, 2nd July—

Undertaker, K. & E. Eckhardt

Place of Business, 269 Canton ave

C. Hartman M.D.
Medical Attendant.

Address, 57 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33160

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Benton

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 224 Hanover st

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, about 3 months

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 1879

J Hamilton M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 119 Edmondson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 2 1879 IMG

Date of Death, July 1 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F Cooper

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Thirteen *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, School

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continuous

Place of Death, {Give street and number} 22 Wayne Street

Cause of Death { First, (Primary,) Intermittent Fever
Second, (Immediate,) Cerebro Spinal Meningitis

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn County

Date of Burial, July 2 1879

Undertaker, J W Chase

Place of Business, 12 S Howard St *Address,* 146 Hill St

L. D. Hoge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie H. Ralph

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 9 *Months,* 10 *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 187 Eastern

Cause of Death {First, (Primary,) Convulsions

Second, (Immediate,) .....

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, July 2nd 1879

Undertaker, Fred. Lecks

Place of Business, 13 Jefferson St *Address,* .....

.....*M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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...ificate.

Board of Health, City of Baltimore,

Permit No. 33163

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH OF BALTIMORE JUL 2 1879

Date of Death, July 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie M Cassell

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Buckingham Co Va

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 355 Park ave

Cause of Death, First, (Primary,) Internal Hemorrhage

Second, (Immediate,) Asthenia.

Duration of last Sickness, 9 hours

All the above information should be furnished by the Physician.

Place of Burial, Portsmouth Va

Date of Burial, July 3rd 79

T. C. Chatard M. D.
Medical Attendant.

Undertaker, Newcomer & Howard

Place of Business, 30 E Lex *Address,* 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Parker Marshall

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 26 *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} "

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 219 Chestnut St

Duration of Residence in the City of Baltimore, 20 days

Place of Death, {Give street and number} 219 Chestnut St

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Diarrhea (Diarrhoea?)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 2d

J H Buchanan *M. D.*
Medical Attendant.

Undertaker, H. C. Wakefield

Place of Business, 10 Guilford *Address,* 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33165

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. L. Nicklas

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* 7 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No 712. Cross st.

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, ~~London~~ Park

Date of Burial, July 3rd 1879

Undertaker, Philip Seewald

Place of Business, 35 S. Eutaw St

C. L. Endenbohn M. D.
Medical Attendant.

Address, 146. S. Paca. C.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 19 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 3rd

Undertaker, Henry Sander

Place of Business, 250 Canton Ave *Address,* .....

..... *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 2 1879

CERTIFICATE OF DEATH.

Date of Death, July 1, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gerhardt

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, *Years,* about 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, Institution 4 days

Place of Death, {Give street and number} St. Vincents Infants, Asylum

Cause of Death First, (Primary,) Diarrhoea

Second, (Immediate,) collapse

Duration of last Sickness, sick when received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 3 1879

Undertaker, Chas Bowen

Place of Business, 55 Division St.

Martin Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33168

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Carr

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Forty (40) *Years,* Four (4) *Months,* Fifteen (15) *Days.*

Color, W

Married, ~~Single,~~ Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Barber

Birthplace, {State of country, (and how long in the United States if of foreign birth.} born Baltimore Md

Duration of Residence in the City of Baltimore, thirty years

Place of Death, {Give street and number} No 122 E Pratt St

Cause of Death, First, (Primary.) Pulmonary Tuberculosis

Second, (Immediate.) Hemorrhage

Duration of last Sickness, Few minutes

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, July 3rd 1879

Whitfield Piney *M. D.*
Medical Attendant.

Undertaker, H. A. Gehmeyer

Place of Business, 311 Canton Ave *Address,* 126 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin L. Brown

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carver & Engraver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 44. Argyle Avenue

Cause of Death First, (Primary,) Hypertrophy of Heart & Asthma,

Second, (Immediate,) Paralysis

Duration of last Sickness, six or 8 months

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, July 3.

Undertaker, C. H. Blizzard

Place of Business, 201 Pratt St.

A. C. Fox M. D.
Medical Attendant.

Address, cor Fayette & Schroeder St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johann Rudolph Janssen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, *Years,* Two (10) *Months,* Twenty five (25) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dulo County

Duration of Residence in the City of Baltimore, Four months

Place of Death, {Give street and number} No 9 Point Lane

Cause of Death First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, St Matthew's Cemetery

Date of Burial, July 2/79

Undertaker, J L Kenney

Place of Business, 136 E Fayette St

F N Folsom M. D.
Medical Attendant.

Address, Corner Point Lane & Shore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Fay. Decker

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 14 E. Park St.

Cause of Death, First, (Primary,) Cholera

Second, (Immediate,) Meningitis

Duration of last Sickness, 4 Days 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, July 3rd '79

Undertaker, Wm. Frazier

Place of Business, 230 Canton Ave

G. G. Luck M. D.
Medical Attendant.

Address, Balt. Md. 14 E. Park St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO. CITY PRINTERS AND STATIONERS. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2nd July 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Hester

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No. 36 Aisquith St

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Spasms

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, July 3d '79

Undertaker, C.W. Frazer

Place of Business, 240 Eastern Ave

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mc Daniel Mc Cormins

Sex, Male ~~or Female,~~ {cross out the word not required in this line.} Female

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 98 Chapel St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

Duration of last Sickness, abt 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, July 3d 79

Undertaker, Jno. Frazier

Place of Business, 280 Canton Ave

Geo. D. Kinnamon M. D.
Medical Attendant.

Address, 73 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kuzitska

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ~~Years,~~ 10 *Months,* ~~Days.~~

Color, White

~~Married, Single, Male or Widow,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 290 Ann St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) — 24 Hours —

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's

Date of Burial, July 3rd 79

Undertaker, Wm. Rance

Place of Business, 230 Canton Ave

Thomas D. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 3 1919 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3. 1919

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Ferins

Sex, Male or Female, {cross out the word not required in this line.}

Age, four *Years,* —— *Months,* —— *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} do 158 West St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} do 153 West St

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Lobar

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 3rd

Undertaker, Hercules Ross

Place of Business, 95 Conway St.

J. J. Stutz M. D.
Medical Attendant.

Address, 260 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1879

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Durham Clark

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, Colored

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 36 Back Alley

Cause of Death, {First, (Primary,) Cholera Infantum / Second, (Immediate,) Convulsions

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 3rd

Undertaker, Hercules Ross

Place of Business, 95 Conway St

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER}

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ulrica North Mann

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, (5) Five *Years,* (5) Five *Months* (11) Eleven *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 15 Sommersett Street

Cause of Death { First, (Primary,) Scarlatina Malegna
Second, (Immediate,) Eclampsia

Duration of last Sickness, 22 Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Tomorrow July 4th at 4 O'clock

J. W. Slemm M. D.
Medical Attendant.

Undertaker, Fred Lutkein

Place of Business, No 21 Harrison *Address,* Cor Eager & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

Permit No. 33178

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Meyerson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 187 N. Gay St.

Cause of Death, First, (Primary,) Enteritis

Second, (Immediate,) "

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, United Hebrew Benefinet Sy Co Philadelphia Pa

Date of Burial, July 3

Undertaker, David Meyerson

Place of Business, 187 N. Gay St.

A Bandt Arnold M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 33179

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1879

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Gunck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Real Estate Banker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} London Eng

Duration of Residence in the City of Baltimore, Since 1867

Place of Death, {Give street and number.} 239 Calvert St

Cause of Death, First (Primary,) Grunk

Second (Immediate,) Abscess of Liver

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Fredericksburg Va

Date of Burial, July 4th 1879

W. T. Murdock M. D.
Medical Attendant.

Undertaker, Henry W Jenkins & Sons

Place of Business, 16 Light St *Address* 80 Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Trans 4463

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Read.

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number} S. W. Cor Eutaw & Saratoga Sts.

Cause of Death First, (Primary,) Dyphtheria

Second, (Immediate,) Dyphtheria

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, July 3rd 1879

Undertaker, A. W. Jenkins & Son

Place of Business, 16 Light St

W. P. Morgan M. D.
Medical Attendant.

Address, 175 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33181.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1879 MD

CERTIFICATE OF DEATH.

Date of Death, July 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Gaulbe

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 15 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 51 Jefferson st

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Louisville cemetary

Date of Burial, July 3, 1879

Undertaker, Charles A. White

Place of Business, 35 Granby St

Emil L. Kunzen M. D.
Medical Attendant.

Address, Broadway & Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. Gatchell

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, [illegible] *Years,* Thirteen *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 146 South Wolfe St.

Cause of Death { First, (Primary,) Deutition.
Second, (Immediate,) —

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus.

Date of Burial, July 3 d

Undertaker, W. Hunks

Place of Business, 1933 Bank

D. C. Ireland M. D.
Medical Attendant.

Address, Corner E. Dist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Magd. Beckhussen

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~ Years, ~~ Months, 3 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 267 S. Ann St

Cause of Death, {First, (Primary.) / Second, (Immediate,)} / Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 3rd 1879

James A Cameron M. D.
~~Medical Examiner~~

Undertaker, H. W. Gibinger

Place of Business, Canton Ave

Address, Comm of Health
H Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Beverly Diggs

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henny Phillians

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co

Duration of Residence in the City of Baltimore, 20 years 11 Months

Place of Death, {Give street and number.} 64 Biddle Alley

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 3d 1879

H. H. Hare M. D.
Medical Attendant.

Undertaker, Hall & Gray

Place of Business, 65 Mulberry St, *Address* 330 Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 33185

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis E Zimmerman

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 4 Chesnut ally

Cause of Death, First, (Primary.)

Second, (Immediate,) Dysentery

Duration of last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 3rd 1879

Thornton Cook M. D.
Medical Attendant.

Undertaker, Henry Beiler

Place of Business, 81 Henrietta St

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 33186

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Virginia Doughty

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 36 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} District of Columbia

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number} 31 S Carrollton Ave

Cause of Death First, (Primary,) Typho Malarial fever

Second, (Immediate,) Exhaustion

Duration of last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 4th 1879

Undertaker, J B Cook

Place of Business, No 707 W Baltimore Street

W H Register M. D.
Medical Attendant.

Address, 1 W Lafayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33187

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1879

CERTIFICATE OF DEATH.

Date of Death, July 2d, 1879; 10 O'clock, A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann McCartney

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, 8 *Years,* ~~Months,~~ 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 473 W Pratt Street

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Prostration

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 4th 1879

Undertaker, J. B. Cook

Place of Business, No 70 W Baltimore Street

Wm H. Elderdice, M. D.
Medical Attendant.

Address, 706 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna A. Sherman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 22 N. Eutaw St.

Cause of Death { First, (Primary,) Cerebral Congestion.
Second, (Immediate,)

Duration of last Sickness, 2 Days - acute

All the above information should be furnished by the Physician.

Place of Burial, St. Reformed & St. Paul Cem.

Date of Burial, July 3rd. 1879

Undertaker, [illegible]

Place of Business, 224 Eutaw St.

[illegible] M. D.
Medical Attendant.

Address, 221 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 33189

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 3 1879

Date of Death, July 1st 1879 830 PM.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Gorman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 18 *Years,* 11 *Months,* 15 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number} Rear of 49 Stiles St

Cause of Death, First, (Primary.)

Second, (Immediate,) Eclampsia

Duration of last Sickness, 13½ hours

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, July 3rd 1879

Undertaker, James B Byrne

Place of Business, 463 N Front St

A Lee Shertzer M. D.
Medical Attendant.

Address, 11 S Hoyt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 33190

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas R. Rittenhouse

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 9 *Years,* 6 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} No 6 Warren Avenue

Cause of Death, First, (Primary,) Scarletina Malignant

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 3 79

H. B. Noble M. D.
Medical Attendant.

Undertaker, Durburg & Bro

Place of Business, [illegible] Address, 17 Warren Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 33191

OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hogan

Sex, Male or Female, {cross out the word not required in this line.} F

Age, ... *Years,* Seven *Months,* " *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 170 South Amer Street

Cause of Death { First, (Primary.) Second, (Immediate.) Cholera Infantum

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 3th 1879

Chas. M. Nott M. D.
Medical Attendant.

Undertaker, P. Hammert

Place of Business, 317 Mulberry *Address,* 300 N. Ha[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

These people are poor and I visited often.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Adams

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Walnut Ex (295 Argyle ave)

Cause of Death, First (Primary,) Artificial feeding

Second (Immediate,) Exhaustion

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetry

Date of Burial, July 4

Undertaker, J J Chalmers

Place of Business, 160 Penn Ave

C C Donnon *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel M Keene

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ____ *Years,* 11 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} M Keene ~~St~~ 385

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Intestinal

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 3 1879

J. J. Kellogg M. D.
Medical Attendant.

Undertaker, F. F. Naumbh

Place of Business, Saratoga St *Address,* 28 N Gilmor st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[07-81.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTIC[illegible]

Permit No. 33194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1879

CERTIFICATE OF DEATH.

Date of Death, July 2 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Kirk

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Montgomery Co Md

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number} 299 Madison Ave

Cause of Death First, (Primary,) Cirrhus

Second, (Immediate,)

Duration of last Sickness, One year

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 5th 1879

Undertaker, Wm O Weaver

Place of Business, No 202 N. Eutaw St. *Address,* 971 Pres St

Thomas Shearer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 33195 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 5 Months, Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} U. S. Minn City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 21 S. Minn Ave

Cause of Death, {First (Primary,) Congestion

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Mt. Comfort Cemetery

Date of Burial, June 24 1879

Undertaker, J. H. Mace

Place of Business, 191 Hanover

Elsie Glaser M. D.
Medical Attendant.

Address Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Linda Wilmer Brown

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, *Years,* 6 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 257 N. Carey St.

Cause of Death First, (Primary,) Baltimore

Second, (Immediate,) Meningitis

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 3rd 1879

Undertaker, Hughes & Co

Place of Business, 55 Ost. Fayette St

Martin Brown M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 33197

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Morton Hughes

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 6 mo. *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Single~~

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} #176 Cathedral St.

Cause of Death {First, (Primary,) .....
{Second, (Immediate,) Cholera Infantum

Duration of last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 4th 1879

Undertaker, John A. Weaver

Place of Business, #22 W. Fayette St.

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Imanuel C Peyton

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 82 Church St.

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Pr. Public Cemetery

Date of Burial, Dec 3 1879

Undertaker, F. A. Kerchner

Place of Business, Carrollton *Address,* 20 Light St.

T. J. Bridges M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Physician is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1879

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Roberts

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 92 Cider Alley

Cause of Death, First, (Primary,) Pneumonia Bilat

Second, (Immediate,) Destitution

Duration of last Sickness, all ti Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem.

Date of Burial, July 3rd 1879

Undertaker, W. Jas Gray

Place of Business,

Jas A Steuart M. D.
~~Physician in attendance.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jos V. Fitzpatrick

...of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 93200

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Thompson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 43 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 12. W. Eldery St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem'y

Date of Burial, July 4th 1879

Undertaker, E. Wayman

Place of Business, Saratoga St

Jas. F. Sloan M.D.
Medical Attendant.

Address, Comm'r of Health
Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam - E. Wiinman

[OVER.]

Permit No. 33201

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Elizabeth Fry

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 19 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 72 Mc Elderry St

Cause of Death, First (Primary,) Cyclonic

Second (Immediate,) do

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 3 d.

Undertaker, Chas Herwig.

Place of Business, 582 Orleans St.

Lafayette Thomas M. D.
Medical Attendant.

Address 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33202

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wesley Chambers

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 49 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ———

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 421 Saratoga St

Cause of Death, First, (Primary.)

Second, (Immediate,) Bright's disease

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 3rd 1879

James A Steuart M. D.

Medical Attendant

Undertaker, W. H. Bishop & Co

Place of Business, 97 Druid Hill Ave *Address,* Comm'r of Health & Registrar.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. T. Fitzpatrick

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3d 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Ostrichen

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Over 6 days

Place of Death, {Give street and number} # 48 East Pratt St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cem

Date of Burial, July 3 79

Undertaker, Myer Etaw

Place of Business, 101 Gough

J. D. Arnold M. D.
Medical Attendant.

Address, 7 S Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33204

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1879

CERTIFICATE OF DEATH.

Date of Death, July 2 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Buck

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} Saratoga St

Cause of Death { First, (Primary,) Enteritis
Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, July 5th 1879

Undertaker, John J Andrew

Place of Business, 164 E Druid Hill Ave

F. D. Keller *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 33205

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3d 1879 8 a m

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— 7 *Months,* ——— *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number.} No 5 Little Street

Cause of Death, First (Primary,) Teething

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 4th 1879

Undertaker, I L Mosher

Place of Business, No 150 Canden *Address* 24 Columbia Ave

T. E. Kiely M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1879 BALTIMORE

Date of Death, July 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Boyer

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, 22 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # 4 Necessity Alley

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, July 8 1879

Undertaker, P. Mullin

Place of Business, Cambridge St

Saml A. Belt M.D.
Medical Attendant.

Address, 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Heumann

Sex, Male or Female, {cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10. 15 years

Place of Death, {Give street and number} 523 Baltimore St.

Cause of Death First, (Primary,) Cancer Uterus

Second, (Immediate,)

Duration of last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, Bloomer Cem.

Date of Burial, July 5th.

Undertaker, John Teufel

Place of Business, 196 Baltimore str. *Address,*

S. T. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Burns

~~Sex, Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cor Leadenhall & Montgomery Sts Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Cor. Leadenhall & Montgomery Sts.

Cause of Death First, (Primary,) Cirtuous

Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral New Cemetery

Date of Burial, July 4th 1879

Undertaker, Joseph F. Byrne

Place of Business, 69 N Liberty

H. W. Dodge M. D.
Medical Attendant.

Address, 211 Hanover St Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33209

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Lasky

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 42 44 S. Decatur Ave.

Cause of Death, {First, (Primary,)} Cholera infantum

{Second, (Immediate,)}

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cem.

Date of Burial, July 4th

Undertaker, Wendelin Dilpl

Place of Business, S. Bond St. 151

L. O. Nitkewitz, M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 33210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1879

CERTIFICATE OF DEATH.

Date of Death, July 3d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Birtie Lee Howard

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* 24 *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} East 2d N 92½

Cause of Death, First, (Primary,) Improper feeding indigestion

Second, (Immediate,) Diarrhea

Duration of last Sickness, One month sick

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 4th 1879

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, W. N. Duncan

Place of Business, 62 East St

Address, 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

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Bureau of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Twins died July 2nd. One July 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} No names. * One male. Two females

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 1 *Day.*

Color, ad *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~*Occupation,*~~ * *Names of Parents* Geo. H. & Hester Anne Hawkins

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 223 N Dallas St-

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 223 N Dallas St

Cause of Death, {First (Primary,) Premature birth. (About 6½ Months)

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 4th 1879

{*Undertaker,* Wm. N. Dungan

{*Place of Business,* No 62 East St

Chas. S. Carey M. D.
Medical Attendant.

Address Park Ave & Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 33215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Giles Baker

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, col

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Stevedore

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wilmington North Carolina

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} East 57

Cause of Death, First, (Primary,) Chronic Pneumonia

Second, (Immediate,) Dysentary

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, E B Pub Cemy

Date of Burial, July 4

Undertaker, C Mullin

Place of Business,

E. L. Baldwin M. D.
Medical Attendant.

Address, 124 in Eyeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Levitan

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Infant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 45 Hanover St

Cause of Death, First, (Primary,) Scarlet Fever with Spasms

Second, (Immediate,)

Duration of last Sickness, about 5 days

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery Belair Rd

Date of Burial, Aug 4 1879

Undertaker, Mr Eiten

Place of Business, 101 Bruce St

J. Reizenstein Jr. M. D.
Medical Attendant.

Address, 1021 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Co-operation of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33514

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Rebecca Harriday

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 208 York St

Cause of Death, {First, (Primary,) Cholera Infantum

{Second, (Immediate,) 5 days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, July 4th

R. M. Hall M. D.
Medical Attendant.

Undertaker, Orlando W. Pitts

Place of Business, 225 S. Eutaw *Address,* 262 Shaft St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1879

CERTIFICATE OF DEATH.

Date of Death, 3th July 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara S. Nied.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *10 Months,* ..... *8 Days.*

Color, white *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 295 E. Baltimore Str.

Cause of Death, {First (Primary,) ..... Second (Immediate.) Cholera infantum.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 5th 1879

Robert Anthon, M. D.
Medical Attendant.

{*Undertaker,* Hughes & Co
{*Place of Business,* 65 S Broadway *Address* 121 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Permit No. 33216

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} R. Fannie Miles.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20. Years.

Place of Death, {Give street and number.} 427 E Baltimore St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va

Date of Burial, July 6th 1879

F. T. Miles M. D.
Medical Attendant.

{*Undertaker,* Hughes & Co
{*Place of Business,* 65 S Broadway *Address* 24 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Johns 1464

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3d 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sheldon

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* 11 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 267 William St

Cause of Death First, (Primary.) Softening of the Brain,
Second, (Immediate,) about 7 Month

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 5th 1879

R. J. H. Tall M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light St *Address,* 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Ann Hengst

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 44 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Union Co Penn

Duration of Residence in the City of Baltimore, about 15 yrs

Place of Death, {Give street and number.} 34 Argyle ave

Cause of Death, First (Primary.) Pulmonary Consumption

Second (Immediate.) Exhaustion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 3rd 1879

Undertaker, Philipp S. Dill

Place of Business, Columbia Av 183.

W. H. Kemp M.D.

Medical Attendant.

Address, 55 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} L. Rebecca Anthony

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Four *Years,* Ten *Months,* Three *Days.*

Color, Colored *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 62 Orchard St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 62 Orchard St

Cause of Death, { First (Primary,) Gastritis

Second (Immediate,) Seven Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 4 1879

{ *Undertaker,* S. M. Shivers

{ *Place of Business,* 19 S. Howard St

Thomas Sappington, M. D.
Medical Attendant.

Address 70 Centre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cooney

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 67 *Years,* *Months,* *Days*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, {Give street and number.} No 5 Canvellen Ave

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) 4 " 2 years —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, July 4 1879

Undertaker, Mathew Cadogan

Place of Business, 227 Mulberry St

Thomas Opie M.D.
Medical Attendant.

Address, 581 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33321

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Meyers

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... 9 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balti:

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 143 Register St.

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Convulsions

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, July 4th

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av.

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 36225

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2 cs 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlie F. Fricke

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, 11 Months, 2 3 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} 41 Harrison St

Duration of Residence in the City of Baltimore, 6

Place of Death, {Give street and number} 41 Harrison St Canton

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, July 4th

Undertaker, H. Stockslich

Place of Business, 246 Eastern Ave

E. E. Wilson M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hank Nordt

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 9 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 165 S. Chapel Gate St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 5th

Undertaker, H Frochlich

Place of Business, 246 Eastern Av

David C. Shane M. D.
Medical Attendant.

Address, 61 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James George Schwan

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* One *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 137 Mulliken St

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 137 Mulliken St

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate,) Congestion of the brain

Duration of last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 6th 1879

Undertaker, Kemp & Co

Place of Business, Boyd

Milton A. Taylor M. D.
Medical Attendant.

Address, Broadway & McElderry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {OVER.}

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 33225

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1879 BALTIMORE MD.

Date of Death, July 3rd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Shark

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 31 Plum Row

Cause of Death, First, (Primary.)

Second, (Immediate,) Diarrhea

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Chas. St Cemetery

Date of Burial, July 4th 1879

Vernon Cook M. D.
Medical Attendant.

Undertaker, W. W. James Gray

Place of Business, 63 Fitzberry St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 33226

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 4 1879 BALTIMORE

Date of Death, July 3d 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marcellus Aaron.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, {Give street and number} 106 Battery Av.

Cause of Death {First, (Primary,) ; Second, (Immediate,)} Phthisis Pulmonalis.

Duration of last Sickness, 5 Months.

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co Md

Date of Burial, July 5th 1879

Undertaker, Armstrong & Penn

Place of Business, #263 Light St

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 S. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6.20 P.M. July 3 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} William Webb

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 10 *Months,* 1 *Days.*

Color, White

Married, ~~Single, Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Book Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 173 E. Madison Street

Cause of Death, {First (Primary,) Chronic Dysentery
Second (Immediate,)

Duration of Last Sickness, About 3 Years

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cem.

Date of Burial, July 5th 1879

Undertaker, Fry & Bro

Place of Business, Fryer & Bro

Charles H. Thomas M. D.,
Medical Attendant.

Address 86 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 53228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2 1875

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Child of Dorothea Bowman

~~Son, Mother~~ *Female,* {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 3 Morton Alley Rear of Orem & Wyatt Sts

Cause of Death, First, (Primary.) ____ Second, (Immediate,) Convulsions

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, E Balto Pub Grd

Date of Burial, July 4th 1875

Undertaker, P Mullen

Place of Business, ____ *Address,* ____

____ *M. D.*
Medical Attendant.

HEALTH DEPARTMENT BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4' 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [redacted] Curtis

JUL 5 1879 BALTIMORE

Sex, Male or Female, {cross out the word not required in this line.}

Age, 35 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widower

Occupation, Agent

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number} City Hospital Dispensary

Cause of Death First, (Primary,) Opium Poisoning

Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Alexandria

Date of Burial, July 5th 1879

David Streett M. D.
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 S Liberty *Address,* City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

Permit No. 33230

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} G. H. & R. A. Hawkins

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} (Infant) (Parents)

Age, ~~ Years, ~~ Months, (one) Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 223 N. Dallas St

Cause of Death, First, (Primary.) Premature Birth

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 4th 1879

Undertaker, W. H. Dungee

Place of Business, East St

~~Medical Attendant.~~ M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 33231

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} G. H. & R. A. Hawkins

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} (Infant) Parents

Age, ~~Years,~~ ~~Months,~~ One Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 223 N. Dallas St

Cause of Death, First, (Primary.) Premature Birth

Second, (Immediate.) Asphyxia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 4th 1879

M. D.

Medical Attendant.

Undertaker, W. M. Dunagee

Place of Business, East St

Address, Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. P. Bauer,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 10 *Months,* ____ 27 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 86 Fairmount Ave.

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Pneumonitis

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Christ Lutheran Cem.

Date of Burial, July 5th 1879

Undertaker, H. M. Gilmore

Place of Business, [illegible]

H. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Mad. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the [illegible] of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to [illegible]ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-[illegible]forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-[illegible]ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] DUGANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33233

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1879 BALTIMORE

Date of Death, July 3d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannie Bowerstock

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 9 *Years,* 2 *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Lives with Parents

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life.

Place of Death, {Give street and number.} 295 Franklin St

Cause of Death, First (Primary,) Consumption of Lungs

Second (Immediate.)

Duration of Last Sickness, many years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 5th 1879

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St Address

J. Gilman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1879 BALTIMORE

Date of Death, July 4 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha E. Morgan

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balti. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 54 S. Schroeder St.

Cause of Death, First, (Primary.) Chronic Dysentery

Second, (Immediate,) One year

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 6

Undertaker, J B Cook

Place of Business, 707 W Balto St

A L Shriver M. D.
Medical Attendant.

Address, 37 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTING AND STATIONERY.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33 235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgeanna Hogarth

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 8 *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, over

Place of Death, {Give street and number} 44 S Stricker

Cause of Death { First, (Primary.) ..... Second, (Immediate,) Convulsions

Duration of last Sickness, 3 day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 5

{ *Undertaker,* F B Cook

{ *Place of Business,* 707 W Baltimore St

S Embleton M. D.
Medical Attendant.

Address, 582 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 33236

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Chamberlain

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Union Protestant Infirmary

Cause of Death, {First (Primary,) Cancer of Breast

Second (Immediate,) Six years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenlawn Rd

Date of Burial, July 5 1879

Undertaker, J E Haugh

Place of Business, 319½ Penn Ave

Chas Fawcett *M. D.*
Medical Attendant.

Address 42 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Cashman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 216 Division Street

Cause of Death { First, (Primary,) Thomas Has Consumption
Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 5th 1879

Undertaker, J. M. Edmonds

Place of Business, Mott & Penn

Martin Brown *M. D.*
Medical Attendant.

Address, 58 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 33238

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Virginia Bessor

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, —— *Years,* — 10 — *Months,* — 16 — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ——

Occupation, ——

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bells Alley

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 151 W Pratt St

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) Marasmus

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 6th /79

Undertaker, Ferschilling

Place of Business, Pickland & Lyman

S W Flower M. D.
Medical Attendant.

Address, 151 W Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3d July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Gottlieb Jansen

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number} S. Bethel Street 11th.

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, July 5th

Undertaker, H. Finch

Place of Business, 32 Bank St.

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe & Hunt 11th.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 33240

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July the 3 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johni Waifsmann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 5 Months, 4 Days.

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 359 Mc. Donough bet Madison

Cause of Death, {First (Primary,) Marasmus / Second (Immediate,)}

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 5th 1879

Undertaker, Adam Fink

Place of Business, 461 N. Gay St.

A Aronsohn M. D.
Medical Attendant.

Address 234 N. Carolina

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33411

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 5 1879 IMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Hanke

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, One *Years,* Eight *Months,* ——— *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 4 Arcade Alley

Cause of Death, First, (Primary.) Scarlet fever

Second, (Immediate,) Blood Empoisoning.

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 5th 1879

Undertaker, Philip J. Dill

Place of Business, 183 Columbia St.

Henry Sahm M. D.
Medical Attendant.

Address, 165 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Williamson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 16 *Years,* 8 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life - time

Place of Death, {Give street and number} 18 Exeter St

Cause of Death {First, (Primary,) Pleuro-Pneumonia
Second, (Immediate,) Remittent Fever Pernicious,

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial,

Edward P. McDowell M. D.
Medical Attendant.

Undertaker, Geo W Spence

Place of Business, 195 Eastaw for *Address,* 137 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Bann Murphy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 70 [illegible] *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Housekeeper Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give street and number.} 384 W. Eutaw st

Cause of Death, First (Primary,) Rheumatism of Cardiac muscle 7 years

Second (Immediate.) Calcareous deposits in joints Prostration from heat Duration a day or two

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem[illegible] C B Gantt M. D.

Medical Attendant.

Date of Burial, July 5 - 1879

Undertaker, H & W Jenkins-sm

Place of Business, 16 Light St Address 108 Cathedral st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33244

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4 - 1879 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Kamp -

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto md -

Duration of Residence in the City of Baltimore, Since birth -

Place of Death, {Give street and number} 57 Stiles St -

Cause of Death First, (Primary.) Cholera Infantum

Second, (Immediate,) Asthenia

Duration of last Sickness, 3 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 6th 1879.

Undertaker, Rud Frey

Place of Business, 91 E Lem ave

John J. King *M. D.*
Medical Attendant.

Address, 76 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1879

CERTIFICATE OF DEATH.

Date of Death, July 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Webster

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 26 *Months,* ____ *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 6 mts

Place of Death, {Give street and number} H6 Williamson St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem. Nr.

Date of Burial, July 5th

Wm. Ellis M. D.

Medical Attendant.

Undertaker, B. Harbaugh

Place of Business, 411 Light St. *Address,* 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Bamberger

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 22 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 487 Saratoga

Cause of Death { First, (Primary,) Scarletina
Second, (Immediate,) Diphtheria

Duration of last Sickness, 23 Days.

All the above information should be furnished by the Physician.

Place of Burial, Western C

Date of Burial, July 5. 1879

Undertaker, G B Blackiston & Son

Place of Business, 606 Balt St

Louis Co Hann M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmd Shaffer

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} West Balt St. near Fremont

Cause of Death { First, (Primary,) ... Second, (Immediate,) Cholera Infantum

Duration of last Sickness, Abt 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 6th 1879

Undertaker, Wm P. Peabs

Place of Business, Carrick's

W. Thurston M. D.
Medical Attendant.

Address, 582 W. Fayette St

~~Fairmount~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. A. Chaney

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* 20 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 148 Battery Ave

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 3 or 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 6th July

Geo. H. Benson M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, Cor Light & Pratt Sts

Address, 44 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank R Elmer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 6 Years, 8 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 187 Bank St

Cause of Death, First, (Primary,) Diarrhea

Second, (Immediate,) Cachexia

Duration of last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, July 5th 1879

Undertaker, Armstrong & Benson

Place of Business, #263 Light St

F E Shattard Jr M. D.
Medical Attendant.

Address, 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of [redacted] of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1879 BALTIMORE

Date of Death, July 4. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Durham

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 Years, 6 Months, 1 Days.

Color, Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Same Balto

Duration of Residence in the City of Baltimore, Same St Near Stockton St

Place of Death, {Give street and number} Same

Cause of Death, First, (Primary,) Congestion of the Brain

Second, (Immediate,)

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery | Thurston Cotes M. D.

Date of Burial, July 4th 1879 | Medical Attendant.

Undertaker, Charles Koehler | Address, 146 Hanover St

Place of Business, Sharp & Cross

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33251

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ——

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Ringold

Sex, Male or Female, {cross out the word not required in this line.} ——

Age, 54 *Years*, —— *Months*, —— *Days.*

Color, ——

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ——

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} ——

Cause of Death, {First, (Primary.) ——

{Second, (Immediate.) ——

Duration of last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery — *M. D.*

Date of Burial July 4th 5 — Medical Attendant.

Undertaker, Hercules Koss — *Address*, ——

Place of Business, 95 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, Baltimore,

REGISTRAR OF VITAL STATISTICS.

Permit No. 33252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Welch

~~*Sex, Male or Female,*~~ { cross out the word not required in this line. }

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Rail Road Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, { Give street and number } 116 Dolphin St

Cause of Death, { First, (Primary.) Cardiac disease / Second, (Immediate,) Pulmonary Apoplexy

Duration of last Sickness, about 24 hours

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, July 7th 1879

Chas. O'Donnell M. D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 270 W Eutaw St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33253

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1879 BALTIMORE

Date of Death, July 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander H Riden

Sex, Male or Female, {cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 17 New st.

Cause of Death First, (Primary,) Suicide (by Hanging)

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem Geo C Comus M. D.

Date of Burial, July 6th 1879 Medical Attendant.

Undertaker, Chas T Scrivner

Place of Business, 270 W Eutaw st *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 33257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUL 5 1879 BALTIMORE

Date of Death, July 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Keil

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 161 L. Green

Cause of Death, {First (Primary,) Cholera Infantum. Second (Immediate,) Exhaustion Effusion

Duration of Last Sickness, 14 hours

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill (County)

Date of Burial,

Undertaker, Mr Foehler

Place of Business, Cor Pratt & ~~Eutaw~~ & Gross

A. C. Bunch M. D.
Medical Attendant.

Address 151 N. Amer St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33255

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 5 1879

Date of Death, July 3rd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Phillips.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Forty three (43) *Years,* ____ *Months,* ____ *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, =

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Born in Baltimore April 14th 1836.

Duration of Residence in the City of Baltimore, 43 years.

Place of Death, {Give street and number} No 119 Ensor St.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Melancholia.

Duration of last Sickness, 7 months.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, July 5th

Geo. F. Taylor M. D.
Medical Attendant.

Undertaker, Eco Schilling

Place of Business, 4th bet Eutaw & Sycamore | *Address,* 210 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1879 - 10. a. m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles E. Crawford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* 29 *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Mechanic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland (Prince Geo. Co.)

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} North Eutaw St - no 26

Cause of Death, First (Primary,) Cancer - Scirrhus - terminating in ulceration - extending to neighboring glands - supervening

Second (Immediate,) .... Septicaemia - death by asthenia.

primary seat - on right testicle

Duration of ~~Last~~ Sickness, about Four Years

All the above information should be furnished by the Physician.

Place of Burial, Prince Georges Co

Date of Burial, July 6th 1879

Undertaker, H. W. Jenkinson

Place of Business, 16 Light St *Address* 57 Columbia St

W. R. Yeager M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Trans 1467

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1879

Date of Death, July 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Virginia Pumphrey.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 165 Lee St.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, July 5th 1879

Undertaker, Wm J. Tickner,

Place of Business, 65 S. Eutaw St

Dr. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Bennett

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Sixth *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 171 N Eutaw L.

Cause of Death First, (Primary,) Scarlet fever

Second, (Immediate,) Scarlet fever.

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, July 6th 1879

W. P. Morgan M. D.
Medical Attendant.

Undertaker, John J Andrews

Place of Business, No 456 Druid Hill Ave *Address,* 175 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1879 BALTIMORE

Date of Death, July 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Bryan

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 267 Cross St

Cause of Death, First, (Primary,)

Second, (Immediate,) Meningitis (Cerebral)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, July 6th 1879

Undertaker, C. F. Krause

Place of Business, 209 Hanover

Thos. Bond M. D.
Medical Attendant.

Address, 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Rennet

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 67 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 5 Hammond Alley

Cause of Death {First, (Primary,) Cholera Morbus

{Second, (Immediate,) .....

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, 1st St Paul Cemetery

Date of Burial, July 6th

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av *Address,* 2226 Bolton Street

James E Donnelly *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 5 1879 BALTIMORE

Date of Death, 3 July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Casino

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balt

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 3 old Frederick Road near Franklin

Cause of Death, First (Primary,) Pneumonitis (Acute) contributory Tubercular as there was present

Second (Immediate,) Asthenia

Duration of Last Sickness, 5 weeks.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 5. 1879

Undertaker, Wilkins & Dugee

Place of Business, 62 East St

[illegible] M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

...ection of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1879

CERTIFICATE OF DEATH.

Date of Death, July 4th 1879 — 1030 1° M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alfred Semrad

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 59 *Years,* 4 *Months,* 3 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Tailor

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 32 ~~Frederick~~ Frederick St

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Bronchitis chronic

Duration of last Sickness, Long pr

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, July 6th 79

Undertaker, Kuhn & Bartell

Place of Business, 100 Balt St

A Gregg Shorter M. D.
Medical Attendant.

Address, 11 S. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Blake

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 1 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bath Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 20 McElderry St Court

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) .....

Duration of Last Sickness, 1 wk

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 6th 1879

Undertaker, Charles A. Mish

Place of Business, 98 Granby St

Geo. D Kinsman M.D.
Medical Attendant.

Address, East Side

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1879

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nettie Buck

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ____ *Years,* 6 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 222 Bank st

Cause of Death, { First, (Primary,) Chronic Infantum
Second, (Immediate,) 2 weeks

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 6th

Undertaker, J H Buck

Place of Business, Pulaski Ave

J. H. Emmert M. D.
Medical Attendant.

Address, 76 Saca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Mercer

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 69 *Years,* *Months,* 1 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Lady

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Howard Co, Md,

Duration of Residence in the City of Baltimore, 40 or 50 yrs

Place of Death, {Give street and number.} 655 W. Lombard

Cause of Death, {First (Primary,) Gout & Old age.

Second (Immediate,) Dropsy,

Duration of Last Sickness, About 3 Months,

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, July 7th 1879

Undertaker, S. M. Leonard Son

Place of Business, 182 W. Baltimore

John [illegible] *M. D.*
Medical Attendant.

Address, 2 N. Carey

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Jane Young

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, ~~64~~ 64 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, Milliner

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, Thirty Five Years

Place of Death, { Give street and number. } No 218 N. Eutaw st

Cause of Death, { First (Primary,) Stricture of Liver
Second (Immediate,) ——

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery D. P. Gleaves M. D.
Medical Attendant.

Date of Burial, July 8th 1879

{ *Undertaker,* Fry & Bro *Address* 153 N. Eutaw st
{ *Place of Business,* 371 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

JUL 5 1879 BALTIMORE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 35267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richd E. McCabe

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* ... *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 36 Hill St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 5th 1879

Undertaker, S. W. Chase

Place of Business, S. Howard St.

Thos A Steuart M. D.
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. C. BYRLANT & CO. CITY PRINTERS AND STATIONERS.

Examined by Jos O Fitzpatrick

(OVER.)

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1879

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Stinz

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* 1 *Days.*

Color,

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and number} 137 William St

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 5th 1879

Undertaker, Charles F. Speed

Place of Business, Hal & Monroe Sts

R. S. T. Ellis *M. D.*
Medical Attendant.

Address, 357 W. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George McDonald

Sex, Male or ~~Female~~, { cross out the word not required in this line. } Male

Age, 47 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, { Cross out the word not required in this line. } Unknown

Occupation, Sailor

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ohio

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } City Hospital

Cause of Death { First, (Primary,) Fracture of Spine
Second, (Immediate,) Apnoea.

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, E. Balto public cemetery

Date of Burial, July 6th 1879

Wm R Howard *M. D.*
Medical Attendant.

Undertaker, P. Mullin

Place of Business, Coudridge St *Address,* City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann O Connors

Sex, Male or Female, { cross out the word not required in this line. }

Age, 24 *Years,* 2 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

Cause of Death, { First, (Primary,) Second, (Immediate,) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, July 6 1879

Undertaker, D. Kennedy

Place of Business, Mulberry St *Address,*

_____ *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...physicians are respectfully invited to the remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 8
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elijah Plater

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 45 *Years,* — *Months,* — *Days.*

Color, colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Calvert Co Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and number } 324 Cross St

Cause of Death, { First, (Primary,) — Second, (Immediate,) Consumption

Duration of last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, N. Public Cem'y

Date of Burial, July 5th 1879

Undertaker, F. A. Kirchner

Place of Business, —

Thos. A. Steuart M. D.
Medical Attendant.

Address, Comm'rs of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr Vansant

(OVER.)

...City of Baltimore.

Permit No. 33272

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1879 BALTIMORE

Date of Death, July 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Janashek

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 321 N Durham St

Duration of Residence in the City of Baltimore, 10 mos

Place of Death, {Give street and number.} 321 N Durham

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate,) Exhaustion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 6th 1879

Undertaker, Adam Fink

Place of Business, 461 N. Gay St.

E Jos Walls M. D.
Medical Attendant.

Address 27 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ttention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33273

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma E Shipley

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 532 Saratoga st

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate,)

Duration of last Sickness, One day

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 6. 1879

Undertaker, Ernst Schloman

Place of Business, No 9 S. Paca st

M. D.
Medical Attendant.

Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Jos Duncan [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walpurgia Heath
J Bauals

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~Years,~~ 9 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~———~~

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 702 E. Eager Street

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Eclampsia

Duration of last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 7th '79

Undertaker, Mc. Franc

Place of Business, 280 Canton Ave

E. Woodburn M. D.
Medical Attendant.

Address, E. Cor Eager & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33275

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JUL 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Cohen

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 7 *Months,* ____ 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 138 Lough St.

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Asthenia

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew cemetery

Date of Burial, July 6th 1879

E. W. Lilienthal M. D.
Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1879

CERTIFICATE OF DEATH.

Date of Death, July 5th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas N. Jones.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 15-9 Lexington St.

Cause of Death First, (Primary,) Scarlatina "

Second, (Immediate,) Gangrene of Throat.

Duration of last Sickness, 26 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 6th

Undertaker, B. Harbaugh

Place of Business, 411 Lig[illegible] St.

R. J. N. Tall, M. D.
Medical Attendant.

Address, 15-2 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1879 7.30 A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Honora Simpson

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 58 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Woman Wife

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 22 yrs.

Place of Death, { Give street and number } 61 Centre Market Space

Cause of Death, { First, (Primary,) — Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Couple yrs

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem'y

Date of Burial, July 6th 1879

A. Shentzer M. D.
Medical Attendant.

Undertaker, Jas P. Byrne

Place of Business, Franklin

Address, 11 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1879

CERTIFICATE OF DEATH.

Date of Death, July 4th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ino Huth

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Thirteen 13 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Ft. Boston Dk.

Cause of Death, First, (Primary,) Drowning

Second, (Immediate,)

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St. Aloysius Cem.

Date of Burial, July 6th 1879

Undertaker, W. Diffel

Place of Business, 1. Bond st. 151

S. E. Gilbert M. D.
Medical Attendant.

Conrad E. D.

Address, —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1879 BALTIMORE

Date of Death, July 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Ulrich

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, — 2 *Years,* 6 *Months,* ..... *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 65 N Carlton st

Cause of Death { First, (Primary,) Hydrocephaloid acute
Second, (Immediate,) Marasmus

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Bern.

Date of Burial, July 5th

Undertaker, W. Duffy

Place of Business, N. Bond st. 151 *Address,* .....

J Tuthill *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BALTIMORE CITY DEPARTMENT OF HEALTH JUL 5 1879 CITY OF BALTIMORE

Date of Death, July 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Washington

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 2 Oxford St

Cause of Death, {First (Primary,)} Phthisis Pulmonalis

{Second (Immediate,)}

Duration of Last Sickness, 1 year —

I have not seen this patient for 6 mos. She had consumption then I am told she has had no physician since that time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 5 1879

Undertaker, J W Chase

Place of Business, 198 S Howard

D Ettkinson M. D.
Medical Attendant.

223 Madison

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pleasant Travers

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 55 *Years,* ..... *Months,* ..... *Days.*

Color, Col.d

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number} 272 S. Howard. St.

Cause of Death { First, (Primary,) Chronic Val. Dis. of Heart.
Second, (Immediate,) " 10 months.

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 6th 79

Undertaker, C. H. Holmes

Place of Business, 1251 Howard

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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KODAK SAFETY FILM

...ttention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUL 5 1879 BALTIMORE

Date of Death, July 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel H. Coats

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, one *Years,* 6 *Months,* *Days.*

Color, dark brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, one year 6 months

Place of Death, {Give street and number} 159 Pine st

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Convulsions

Duration of last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 5th 79

H. F. Buxton *M. D.*
Medical Attendant.

Undertaker, J. W. Chase

Place of Business, [illegible] *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ntion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 33283

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEP... JUL 5 1879 ...IMORE

Date of Death, July 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fina Hutlet

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Forty *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, {Give street and number} # 62 Frederick Ave

Cause of Death, First, (Primary,) Cancer

Second, (Immediate,) Dropsy

Duration of last Sickness, Five years

All the above information should be furnished by the Physician.

Place of Burial, Mt Pleasant Cemetery

Date of Burial, July 6th /79

Undertaker, J. D. Fuller

Place of Business, Fredericks Ave

J. G. Smith M. D.
Medical Attendant.

Address, # 754 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0748]

Board of Health, City of Baltimore,

Permit No. 33284

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Blanch Minnis

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, Months, 3 7 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number} Webb ma Union St.

Cause of Death { First, (Primary,) Indigestion with Cholera Infantum
Second, (Immediate,) Asthmia.

Duration of last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, July 6th

Undertaker, H. C. Windefeld

Place of Business, 70 Greenmount Ave

Wilmer Benton M. D.
Medical Attendant.

Address, 269 W. Lanvale St

JUL 5 1879 HEALTH DEPT

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} P. Ringold.

HEALTH DEPT. JUL 5 1879 BALTIMORE

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days.*

Color, Colored,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and number} 522 Walker St.

Cause of Death First, (Primary,) Tuberculosis.

Second, (Immediate,) Exhaustion,

Duration of last Sickness, 4 Months,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 6th

W. Chambers, *M. D.*
Medical Attendant,

Undertaker, Owens White &

Place of Business, 225 E. Eutaw *Address,* 141 Han. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33286

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 5 1879

Date of Death, July 2nd 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany Prob'ly

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number} Cor. Courtland & Franklin

Cause of Death First, (Primary,) ~~Unknown~~ Fatty degeneration of heart.

Second, (Immediate,) ~~Sudden death~~ Rupture of left ventricle (proved by Post Mortem

Duration of last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, E. Pro Cemetery

Date of Burial, July 5. 1879

Undertaker, P. A. Muller

Place of Business,

Edmund Rivers M. D.
Medical Attendant.

Address, Coroner M P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 33267

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George D. Robinson

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 15 M. *Days.*

Color, African

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 15 months

Place of Death, {Give street and number} 27 Biddle st.

Cause of Death, First, (Primary,) Enterocolitis complicated

Second, (Immediate,) by Rachitis

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 5

Undertaker, Hercules Ross

Place of Business, 95 Monument st

Wm. B. Ritter M. D.
Medical Attendant.

Address, 27 Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

...rmit No. 33288 — OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

...H DEPARTMENT JUL 5 1879 ...IMORE

CERTIFICATE OF DEATH.

Date of Death, July 5. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Jane Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, W.

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} Chapel & Eager Sts.

Cause of Death, First (Primary,) ... Second (Immediate,) Angina Pectoris.

Duration of Last Sickness, Three hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, July 6th 1879

Undertaker, Henry Hoeck

Place of Business, 304 N. Gilmor

J. C. Gordon, M. D.
Medical Attendant.

Address 311 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Leach

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ~~~ Years, ~~~ 9 Months, 3 Days.

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Living-Life

Place of Death, {Give street and number} 168 Chew st.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Congestion of Brain

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 6th 1879

Undertaker, H. Williams

Place of Business, 45 N. Gay

Geo. A. Gastman M. D.
Medical Attendant.

Address, 305 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER]

Board of Health, City of Baltimore,

Permit No. 33290

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUL 6 1879

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lethay Ann Uhlfelder

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number} 64 E. Lombard

Cause of Death {First, (Primary,) Consumption (phthisis pulm.)
Second, (Immediate,) Marasmus

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Hebrew Cemetery

Date of Burial, 7th January

Undertaker, William Eilan

Place of Business, Gough St near Bond

Address, 245 E. Baltimore st

J. Mathieu M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE JUL 6 1879

CERTIFICATE OF DEATH.

Date of Death, July 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Fletcher

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 17 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Oyster Schooner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 262 Wash

Cause of Death, {First, (Primary,) } {Second, (Immediate,) } Phthisis

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Church St

Date of Burial, July 6

Undertaker, Hercules Bos

Place of Business, 26 Commerce St

Theodore Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Kolberg

Sex, ~~*Male or Female,*~~ {cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 9 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 250 E. Eager st

Cause of Death {First, (Primary,) General debility

Second, (Immediate,) Cholera morbus

Duration of last Sickness, ~~How~~ Had rheumatism for past twenty five years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus and City of

Date of Burial, July 7, 1879

Undertaker, Henry Flourt

Place of Business, 209 Cent-alave

seized with cholera morbus the

last death.

J. A. Warner M. D.

Medical Attendant.

Address, 256 N Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 33293 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fill out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUL 5 1879

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Cohn

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* 7 *Months,* 15 *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 13 little Mr Elder,

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Dalair Road

Date of Burial, July 6th/79

Undertaker, Wm Eilan

Place of Business, 101 Fough St

G. Liebmann M. D.
Medical Attendant.

Address 223 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTIC

Permit No. 33294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Ann Stout

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Fifty five *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Washer woman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wedsingle Co Maryland

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, {Give street and number} 731 S. Eutaw Street

Cause of Death First, (Primary,) Paraplegia from lumbar ulcer to ischia

Second, (Immediate,) Ulceration from Exhaustion

Duration of last Sickness, Two months and twenty eight days

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, July 6 1879

Undertaker, S M Shaw

Place of Business, [illegible]

J. D. Dyer *M. D.*
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimo

Permit No. 33295

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1879,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Johnson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* 3 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 224 E. Eutaw St.

Cause of Death First, (Primary,) Consumption.

Second, (Immediate,)

Duration of last Sickness, about 6 Months

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Julius Hall M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 33296

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel T. Hutchins

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 18 *Years,* 1 *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 28 Dover Street

Cause of Death { First, (Primary,) Colitis
Second, (Immediate,) Asthenia

Duration of last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

F K Wiley *M. D.*
Medical Attendant.

Address, 18 & Hanover St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[over.]

Board of Health, City of Baltimo

Permit No. 33297

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Brown

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, In life

Place of Death, {Give street and number} 48 N. Caroline St

Cause of Death First, (Primary,) .....

Second, (Immediate,) Colera Infantum

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 6th 1879

Undertaker, Wm H. Dunger

Place of Business, No 62 East St

C. C. Cox M. D.
Medical Attendant.

Address, 137 Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 33298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Shaf

Sex, Male or Female, {cross out the word not required in this line.}

Age, 11 *Years,* 8 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 199 Stirling

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,)

Duration of last Sickness, about 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 6th 1877

Undertaker, Wm. N. Dunger

Place of Business, No. 62 East H

M. D. Billingslea M. D.
Medical Attendant.

Address, Hartford and Fairmount

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 33299 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu*
out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary A. Hacks.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 12 *Days.*

Color, Black *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} No. 165 Vine St.

Cause of Death, First (Primary,) Measles.

Second (Immediate,) Convulsions.

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Simart

Date of Burial, July 7th 1879

{*Undertaker,* Charles White
Place of Business, No 35 Cromberg

Albert Stephens M. D.
Medical Attendant.

Address 427 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 33300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lulu Derr

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number.} No 2 State St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, West'n Cemetery

Date of Burial, 7th July. 79

Undertaker, George Lacenbach

Place of Business, 359 W. Pratt St

A. A. Kirsch M. D.

Medical Attendant.

Address 57 N. Chamers St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 33301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Mc C. Jackson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 174 Pearl St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, July 7th 79

Howard Cook M. D.
Medical Attendant.

Undertaker, F. K. Isoll

Place of Business, 131 Hanover St *Address,* 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 33302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Holbrin

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 29 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, home

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} S. Oregon St

Cause of Death {First, (Primary,) Artificial feeding, heat + Cholera Infantum
Second, (Immediate,) Exhaustion

Duration of last Sickness, about two days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 7th 1879

Undertaker, Hoffman

Place of Business, No 707 W Baltimore Street

Charles O'Donovan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL S[illegible]

Permit No. 33303

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 [illegible]

CERTIFICATE OF DEATH.

Date of Death, July 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Joyce

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 11 *Years,* 10 *Months,* 7 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} /

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 26 Booth St.

Cause of Death { First, (Primary.) (Gunshot wound) Pistol fired by
Second, (Immediate,) himself accidentally - the ball passing
through the abdomen & piercing the intestines

Duration of last Sickness, Twenty four hours —

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 6th 1879

Undertaker, [illegible] & Bro's

Place of Business, 1707 W Baltimore Street *Address,* 581 Lexington St.

Thomas Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Nicar

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 186 First Avenue

Cause of Death, First, (Primary.) Scarlatina

Second, (Immediate,)

Duration of last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, July 29th

J. E. Harrington M. D.
Medical Attendant.

Undertaker, B. Harbs.

Place of Business, 411 Light St. *Address,* 321 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Angela Ostendorf

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number} 172 Johnson St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, B. Olyphants Cemetery.

Date of Burial, July 7th

A. Hillman M. D.
Medical Attendant.

Undertaker, B. Harle

Place of Business, 411 Light St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 33306 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 6 1879

CERTIFICATE OF DEATH.

Date of Death, July 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Morris Sowden

~~Sex~~, *Male or* ~~Female~~, {Cross out the words not required in this line.}

Age, ~~Years~~, *Months,* 9 ~~Days~~

Color, Colored

~~Married~~, ~~Single~~, ~~Widow or~~ ~~Widower~~, {Cross out the words not required in this line.}

Occupation, X

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, all time

Place of Death, {Give street and number.} No 26 Morris Alley

Cause of Death, First (Primary,) ..... Second (Immediate,) Summer Complaint

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 7th 1879

Undertaker, Chas T. Devine

Place of Business, 211 N Eutaw

Address, ...

[signature] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 33307 OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificat out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of s sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Anderson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Carrols-Manor Howard Co. Md

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} No. 103 Harmony Lane (Purchased)

Cause of Death, First (Primary,) Carcinoma Ventriculi

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetry

Date of Burial, July 6th 1879

Undertaker, Wm. N. Lange

Place of Business, No 62 East St

W Hammon & R.W. Griffin M. D.
Medical Attendant.

Address 64 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

For Special Attention

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 33308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wm. Poole (Wm. J. Poole) (twins)

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 20 *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 days

Place of Death, {Give street and number} 143 William St

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,)

Duration of last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem'y

Date of Burial, July 7th 1879

Undertaker, Charles B. Herold

Place of Business, 16 [illegible] *Address,* 315 Light St

R. L. P. Ellis *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 33309.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm L. Poole (Twin (see preceding certificate)

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 113. William St

Cause of Death, First, (Primary,)

Second, (Immediate,) Insanitum

Duration of last Sickness, no days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, July 7 1879

Undertaker, Co. F. Herold

Place of Business, Hanover St

R. H. P Ellis M. D.
Medical Attendant.

Address, Coffey Insane House

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Board of Health, City of Baltimore,

Permit No. 33310 OFFICE OF REGISTRAR OF VITA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Bells.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 14 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 46 S. Schroeder

Cause of Death, { First (Primary,) Chronic Peritonitis

Second (Immediate,)

Duration of Last Sickness, 8 days —

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 7th 1879

Undertaker, Jr K Cook

Place of Business, No 707 W Baltimore

J. G. ... M. D.

Medical Attendant.

Address Fayette & Arch

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 3331 / OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, d
out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} C Martin Kauffer

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.} Male

Age, 1 *Years,* 10 *Months,* 5 *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.} Single ✓

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 254 S. Charles st Baltimore Md.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 254 S. Charles st

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 7th 1879

Undertaker, John Gubernatis.

Place of Business, 91 Scott street.

G. Gibbons M. D.
Medical Attendant.

Address 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention

Board of Health, City of Baltimo

Permit No. 8331/2

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Philippoe

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 8 *Years,* 10 *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary.) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, July 7th 1879

Undertaker, Peter Frey

Place of Business, 91 Eden av

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

Permit No. 33313

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu-rate*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea- sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa K. Frank } Patton — Parents

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number} 441 Ann St

Cause of Death { First, (Primary.) Born prematurely
Second, (Immediate,)

Duration of last Sickness, —

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 7

Undertaker, W. Tippet

Place of Business, S. Broad St. 151

D. M. Cathell M. D.
Medical Attendant.

Address, 241 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33314 OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de[illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lora Wells Tyler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 9 Months, Days.

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4 Carlton St.

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 7th 1879

F. F. Bowen M. D.
Medical Attendant.

Undertaker, Wm. H. Dumpe

Place of Business, No 62 East St *Address* 187 Hillen St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention

Board of Health, City of Baltimo

Permit No. 33315

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Bird

Sex, Male or Female, {cross out the word not required in this line.}

Age, 84 *Years,* ____ *Months,* ____ *Days.*

Color, ~~White~~ Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and number} 38 Sterling St

Cause of Death, {First, (Primary,) ____ Second, (Immediate,) Old age · Exhaustion

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, July 6 1879

Undertaker, Wm H Dungee

Place of Business, 1022 East St

E. Ridgely Indse M. D.
Medical Attendant.

Address, 1312 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimor

Permit No. 33316

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Conrad Benson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 46 S. Castle St.

Cause of Death, First, (Primary,) Typhoid Measles

Second, (Immediate,) Diarrhoea

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 7. 1879

Undertaker, H. A. Dauger

Place of Business, 74 S. Broadway

G. G. Lusk M. D.
Medical Attendant.

Address, Balto & Bank. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

E. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 33317

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1879 IMOR

CERTIFICATE OF DEATH.

Date of Death, July 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carline Burgo

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, W. h. D

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, House Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Mauheim Germany

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number} 886 W Pratt st

Cause of Death { First, (Primary,) Rheumatism
Second, (Immediate,) Paralysis

Duration of last Sickness, Rheumatism 1 year Paralysis 1 week

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, July 7 1879

Undertaker, Peter Kummert

Place of Business, 317 Mulberry *Address,* 582 W Lombard st

Signed Christian M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33318

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Guy Harry

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* 8 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 29 E Hoffman St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, July 7th 1879

Undertaker, Hughes & Co

Place of Business, 350 W Fayette St

E. D. Hilterman M.D.
Medical Attendant.

Address, 121 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention e... ...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1879

CERTIFICATE OF DEATH.

Date of Death, July 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Thomas

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 20 *Days.*

Color, col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 39 Clement ~~3~~ Street

Cause of Death, First, (Primary,) Whooping Cough

Second, (Immediate,) Congestion of lungs Convulsions

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 7th

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, A. Wayman

Place of Business, 13. Saratoga St *Address,* 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of ... of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33320

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary & John Howard (Parents)

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 1 hour ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 128 Frances St

Cause of Death, First, (Primary,) Spasms

Second, (Immediate,) ~~—~~

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 7th July 1879

Undertaker, Mr France

Place of Business, 28 & Canton Avenue

Thos A Shinn M. D.
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor [illegible]

Special Attention ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3332/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence M. Downes

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 922 Hanover St

Cause of Death, First, (Primary.)

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 7th

Undertaker, Henry Boride

Place of Business, Hanover St. 81

Address,

at Woodlawn Co. Md. M. D.
Medical Attendant.

JUL 7 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George J. Shipboard

Sex, Male or Female, {cross out the word not required in this line.}

Age, 32 *Years,* 1 *Months,* 8 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 246 Light St

Cause of Death, {First, (Primary,) Dysentery
Second, (Immediate,)

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cem

Date of Burial, July 7th 1879

Undertaker, B. Glenn

Place of Business, 411 Lig. 17

by Lawson C. Fox M. D.
Medical Attendant.

Address, 106 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.}

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 33323

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE JUL 7 1879

Date of Death, July 6th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Leonora Cook.

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 48 North Parish ~~Line~~ alley

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Three days.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery.

Date of Burial, July 7 1879

Undertaker, William Monroe

Place of Business, No 10 Stockdale Alley

H E Starr M.D.
Medical Attendant.

Address, No 16 N. Liberty Street,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 1879

Date of Death, July 6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Albert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the wor ls not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Talbot Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 27 Morris alley

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Diarrhoea

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Loudenslager Cemetery

Date of Burial, July 7 1879

Undertaker, Wm Armstrong

Place of Business, No 10 St Wadell

Wm H Warner *M. D.*
Medical Attendant.

Address Fourteen feet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33325

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 7 1879 BALTIMORE

Date of Death, July 7th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Sinclair Johnson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} Pine St. one door South Chatsworth M. Church

Cause of Death First, (Primary.) Malarial remittent

Second, (Immediate,)

Duration of last Sickness, all life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 8th 1879

Undertaker, Jas G. Doan

Place of Business, Fremont Balto *Address,* cor Fayette & Schroeder

A. C. Dole M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 1879 BALTIMORE

Date of Death, July 7 - 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Philip Herzog

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Years, 20 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number} 270 N. Howard.

Cause of Death First, (Primary,) Cholera Infantum.

Second, (Immediate,) Cholera Infantum.

Duration of last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 8

Undertaker, H. A. Bergman

Place of Business, 45 Clay St.

W. R. Morgan M. D.
Medical Attendant.

Address, 175 Lorraine St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention o... ...rtificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33321

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Müller

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 27 Hellman n

Cause of Death { First, (Primary,) Cholera infantum
Second, (Immediate,) exhaustion

Duration of last Sickness; 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 8 96

Undertaker, [redacted]

Place of Business, [redacted] Bank St

J. A. Warner M. D.
Medical Attendant.

Address, 256 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physiciau who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33328

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alberta Davis

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* 15 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} York st near Shanks st

Cause of Death, First, (Primary.) ____

Second, (Immediate.) Malnutrition

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 7. 1879

Undertaker, C. A. White

Place of Business, 35 Granby St

Thomas Hearn M. D.
~~Medical Attendant.~~

Address, Comm of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Dr Richardson

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 6 1879 BALTIMORE

Date of Death, July 6 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Otto Goldbach

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ Five *Months,* 18 *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 160 S. Bond St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 8th

Undertaker, W. Diffel

Place of Business, S. Bond St. 151

Albert B. Lyman M. D.
Medical Attendant.

Address 375 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33330

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 1879 BALTIMORE

Date of Death, July 6, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt H. Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 14 *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.} ——

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City (Parents both of Ireland)

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} 60 Monument

Cause of Death, {First (Primary,) Second (Immediate,)} Convulsions

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Monday July 7th 1879

Undertaker, John B. Blackiston

Place of Business, 606 W. Baltimore

I Smullyan M. D.
Medical Attendant.

Address 114 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33331

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Ann Smith

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 20 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Washerwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, For Life

Place of Death, {Give street and number} 77 N. Duncan alley

Cause of Death First, (Primary,) —

Second, (Immediate,) Pneumonia

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetery

Date of Burial, July 5th 1879

Undertaker, The. D. Locke

Place of Business, Jefferson St

Address, 137 Caroline

J. J. Gr[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of [illegible] this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodor Holzemer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 48 *Years,* 2 *Months,* 16 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, restaurant Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 151 n. Bond Street

Cause of Death, First, (Primary,) Ipoitis

Second, (Immediate,) Abscess Cured A

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 9th 1879

Undertaker, Julius Haack

Place of Business, N. 12 Miller Ave

John J. Litzer M. D.
Medical Attendant.

Address, 160 Saratoga Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33333

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Snowden

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 67 Leadenhall St

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Pneumonia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, July 7th 1879

Undertaker, S W Chaney

Place of Business, S Howard St

Address, Comm of Health H Registrar

JUL 2 1879

I Thos H Steuart M. D.

~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd Jas Jansant (OFFICIAL)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Wesley Granger

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* One *Months,* One *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 197 Montgomery St

Cause of Death { First, (Primary,) Diarrhea / Second, (Immediate,) Spasms

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 8th

Undertaker, B. Harley

Place of Business, 411 Light St.

Julius Hall M. D.
Medical Attendant,
Southern Dispensary

Address, 77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1874

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irwin S. Rosenthal

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore -

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 883 W Balt St

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Asthenia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, Tuesday July 5th

Undertaker, M Goldsmith

Place of Business, 53 W Eight St

David F Powell M. D.
Medical Attendant.

Address, No 29 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles M. Wright

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 17 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carroll County Maryland

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number} 340 E Monument st

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, July 8th 1879

Undertaker, John Luke

Place of Business, 161 E Balto st

Jno L Reese M. D.
Medical Attendant.

Address, Broadway & Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 8 1879 BALTIMORE

Date of Death, July 7-1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Mills

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 494 N. Fremont

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,) General debility

Duration of last Sickness, 4 wks & 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 8 1879

Undertaker, Walter Lowndes

Place of Business, 267 W. Bal

H. Boyd Wylie M. D.
Medical Attendant.

Address, Cor. Townsend & Argyle Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33338

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Tracey

Sex, Male or Female, {cross out the word not required in this line.}

Age, 62 *Years,* 8 *Months,* 10 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brick Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number} 7 S. Stricker St.

Cause of Death { First, (Primary.) Phthisis Pulmonalis
Second, (Immediate,)

Duration of last Sickness, Seven Years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 9th 1879

John Neff M. D.
Medical Attendant.

Undertaker, S. M. Leonard & Son

Place of Business, 152 W. Baltimore *Address,* 558 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred Stoffel

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 34 *Years,* *Months,* 5 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number} 31 Gilmor St

Cause of Death First, (Primary,) Bilious Dysentery

Second, (Immediate,)

Duration of last Sickness, 2 Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, July 9th

Geo. H. Seman *M. D.*
Medical Attendant.

Undertaker, P. B. Hearly

Place of Business, 411 Lig Ave *Address,* 144 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33340

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Rosten

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 56 years *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Engineer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number} No 285 Eastern ave

Cause of Death First, (Primary.) Injury of Chest

Second, (Immediate.)

Duration of last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 9th

Undertaker, H. Frechlich

Place of Business, 246 Eastern Ave

C. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1879

CERTIFICATE OF DEATH.

Date of Death, July 7th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Sauer

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 1208 Aliceanna St

Cause of Death { First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, July 8th

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33342

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Male

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 10 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 243 Thames between Caroline & Wolfe

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, July 8th

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av. *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33343

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Barnard

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 108 Barnet

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, July 8 1879

J H Nebelt M. D.
Medical Attendant.

Undertaker, Charles G Hoerle

Place of Business, 161 Hanover *Address,* 5 J Burns

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of ;

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33344

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Gross

Sex, Male or Female, {cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number}

Cause of Death { First, (Primary,) Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, July 8th 1879

Undertaker, J. L. Schuh

Place of Business, 265 Aliceanna st *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33345

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ezra Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 117 N. Schroeder St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 117 N Schroeder

Cause of Death, First (Primary,) Gastro-enteritis

Second (Immediate,)

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 9th 1879

{*Undertaker,* J B Crook

Place of Business, 707 W Baltimore St *Address* 185 W Fayette St

W. H. Crim *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Schank

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore, 377 W. Pratt St.

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, about 8 days

All the above information should be furnished by the Physician.

Place of Burial, C. Thomas's Cemetery

Date of Burial, June 8th 1879.

Undertaker, G. Kimball

Place of Business, 879 W. Pratt St. *Address* 95 S. Sharp St.

R. Albers M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Fahy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 170 N. Front

Cause of Death, First (Primary,) Hemiplegia

Second (Immediate,) Dropsy

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Green Baltimore County Geo. B. Raymond M. D.
Medical Attendant.

Date of Burial, July 8th 1879

Undertaker, James & Byrne

Place of Business, No 63 N Grant *Address* 43 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33348

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nimrod Frizzell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 70 *Years,* 4 *Months,* 27 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co - Maryland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 478 Baltimore St

Cause of Death, First (Primary,) Accidental Fall bruising him badly + severely shocking nervous system

Second (Immediate,) "

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudenback Cr Thomas Opie M. D.

Medical Attendant.

Date of Burial, July 9 - 1879

Undertaker, J. B. Blackistonson *Address* 581 Lexington St.

Place of Business, 606 Batt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Washington Reynolds

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 4 1 yrs. *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Cabinet maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cuba

Duration of Residence in the City of Baltimore, 4 yrs.

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Typhoid Fever
Second, (Immediate,) Collapse

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, July 8th

Undertaker, D. B. Hearle

Place of Business, 411 Light St. *Address,* University Hospital

T. B. Brune M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Wild

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co'y

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 178 Hamburg St.

Cause of Death {First, (Primary,) —
Second, (Immediate,) Meningitis
8 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 9th 1879

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts

R. J. N. Tull M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 33351.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Stoehr

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 10 *Months,* ... *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 26 Hampstead

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,) ...

Duration of Last Sickness, abt 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Paulus cemetery

Date of Burial, Tomorrow 4 O'clock July 9

Undertaker, Jacob Mueller

Place of Business, 21 Harrison St

Geo L Kunsmor M. D.
Medical Attendant.

Address, 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33352

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1879 4 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Bond

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 16 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bermuda Island

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} 8 S. Durham

Cause of Death First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of last Sickness, 7 Months Saw her once

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, July 8 1879

Undertaker, W W Madden

Place of Business, 335 S. Howard

James E. Donnelly M. D.
Medical Attendant.

Address, 299 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

DAK SAFETY FILM

Special Attention ... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33353

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 8 BALTIMORE

The Physician who attended any person in s. last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1879. 111

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Ohlschlägel

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 27 Shakespeare St

Cause of Death, First, (Primary.) Mal Nutrition

Second, (Immediate,) Atrophy

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cem'y

Date of Burial, July 8th 1879

James H. Lemmon M. D.
~~Medical Attendant~~

Undertaker, Frank Duffield

Place of Business, E. Balto St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Thos E. Weissman

...is Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 333524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED, WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellenora Ruth

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 10 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 310 Eastern Avenue

Cause of Death, First, (Primary,) Febris Infantum

Second, (Immediate,) ____

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 9th

Undertaker, W. Duffy

Place of Business, S. Bond st 137

James A. Shaw M. D.
Medical Attendant.

Address, 601 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...e Special Attention ... ...is Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33353

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7 — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert E Rust

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Twenty Eight *Years,* Nine *Months,* Ten *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Boot & Shoe Cutter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} No 166 N Eutaw St

Cause of Death, First, (Primary.) Pyrlonitis

Second, (Immediate,)

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 9th 1879

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* Mulberry St

D. G. Rice M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Auguste Pickert

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 1st *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 214 Frederick Ave

Cause of Death, {First, (Primary.)

{Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, July 8 1879

James A Steuart M. D.

~~Medical Attendant~~

Undertaker, Jos. P. Paulo

Place of Business, Fred Ave

Address, Comm'y of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Chas. C. Evans & Bro. Baltimore

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Boo[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 23357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 8 1879 BALTIMORE

Date of Death, July 6 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Gessner

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} St. Vincent's Infant Asylum

Cause of Death { First, (Primary,) Bronchitis / Second, (Immediate,) Spasm / Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 10, 1879

Undertaker, Levi Brown

Place of Business, 15 Division

Martin Brown *M. D.*
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33358

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May Stricker

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 3 1/2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Life Probably

Place of Death, {Give street and number} Nursery and Childs Hospital

Cause of Death, First, (Primary,) Cholda Infantum

Second, (Immediate,) ____

Duration of last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudens Park

Date of Burial, July 8 1879

C. F. Brown M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, 201 Lemmon *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 33359

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Wrestler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, C.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 57 Cornet St

Cause of Death, First (Primary,) .....
Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, July 8th 1879

Undertaker, Theodore Locke

Place of Business, 139 Aisquith St

L. C. Gordon M. D.
Medical Attendant.

Address 511 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7 - 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Barnell

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, About 60 *Years,* ——— *Months,* ——— *Days.*

Color, Black -

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} West River Md.

Duration of Residence in the City of Baltimore, 6 years -

Place of Death, {Give street and number} 45 Bassil Al.

Cause of Death {First, (Primary,) Pulmonary) Phthisis

{Second, (Immediate,) Asthenia

Duration of last Sickness, About one year.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 8 79

Undertaker, Fred'k Kercheval

Place of Business, 508 Carrollton Ave *Address,* 76 Camden Ave

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th '79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James McGinnis

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } University Hospital

Cause of Death { First, (Primary,) Nephritis. Second, (Immediate,) Asthenia & Pneumonia

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 8/79

Undertaker, Duckett Kershaw

Place of Business, 50 S Carroll St

F C B Bruce M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Special Attention of P... ...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33362

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 8 1879

Date of Death, July 8th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary G. Phillips,

Sex, ~~Male.~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth,

Place of Death, {Give street and number} 10 Forrest Place

Cause of Death, First, (Primary.) Scarlatina Maligna

Second, (Immediate,) Coma

Duration of last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 9th 1879

Undertaker, James S Byrne

Place of Business, No 63 N Howard St

C. C. Lusk M. D.
Medical Attendant.

Address, Balt & Charles sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33363

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 8 1879

CERTIFICATE OF DEATH.

Date of Death, July 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Schreiber

Sex, Male or Female, {cross out the word not required in this line.}

Age, *Years,* 16 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 25 Greene St

Duration of Residence in the City of Baltimore, ~~Yes~~

Place of Death, {Give street and number} 45 N. Greene St

Cause of Death First, (Primary,) Tuberculous Meningitis

Second, (Immediate,)

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, 9 July

Undertaker, H. Baugman

Place of Business, 45 Clay St

T. J. Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas D. Speights.

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 7 *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 250 N. Bond St.

Cause of Death, {First (Primary,) Second (Immediate,)} Chronic Infantum.

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 9th

Undertaker, Fry & Fry

Place of Business, 534 N. Broadway

L. N. Hanck. M.D.
Medical Attendant.

Address, 75 C. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 8 1879 BALTIMORE

Date of Death, July 7 = 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie Widdingfield

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, 51 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 101 Lombard

Cause of Death { First, (Primary.) Softening of the brain
Second, (Immediate,) Apoplexia

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laudenberk.

Date of Burial, July 9. 1879.

Undertaker, C. L. Reesing

Place of Business, 97. Orleans St. *Address,* 245 E. Baltimore

J. Carter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace M. Graham

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 604. W Biddle Street

Cause of Death, {First (Primary,) Marasmus.
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount C.

Date of Burial, July 9 — 1879

{*Undertaker,* J. B Blackistone & Son
Place of Business, 606 Balt st

A. T. Bell *M. D.*
Medical Attendant.

Address 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Weaver

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Four *Years,* Nine *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 15 Walker St.

Cause of Death, First, (Primary.) ; Second, (Immediate.) Hydrocephalus.

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, July 10th 1879

Undertaker, Rau & Bartel

Place of Business, Balto

Wm H. Clendinen M. D.
Medical Attendant.

Address, No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hoover

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 28 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harrisburg, Pa.

Duration of Residence in the City of Baltimore, about 12 years

Place of Death, {Give street and number} 17 W Fayette St

Cause of Death First, (Primary,) Mitral Disease of Heart

Second, (Immediate,) Syncope

Duration of last Sickness, More than a year. Her death was Long Expected

All the above information should be furnished by the Physician.

Place of Burial, Bolo Cemetery

Date of Burial. July 9th 1879

Undertaker, Cofer Sons

Place of Business, 161 W Balto St

D Webster Cathell M. D.
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition*(whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 33369

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Spacer

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} S. E. Castle St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, July 9th

Undertaker, W. Diffel

Place of Business, S. Bond St. 151

G. G. Luck M. D.
Medical Attendant.

Address, Balto. & Wash. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within twenty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Higdon

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 415 Sharp St

Cause of Death, First, (Primary,) Scrofula

Second, (Immediate,) Diarrhoea

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet cem

Date of Burial, July 9th

Undertaker, Andrew & Denny

Place of Business, 263 Light St

Theodore Les M. D.
Medical Attendant.

Address, 14 E Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 33371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis S. Schnittker

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 36 *Years,* 2 *Months,* 7 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Brewer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number} 187 E. Balto St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, two years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 9. 1879

Undertaker, M. A. Darger

Place of Business, 74 S. Broadway

Adam B Arnold M. D.
Medical Attendant.

Address, S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 33372

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Faulhaber.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 56 *Years,* 1 *Months,* 11 9 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 Years.

Place of Death, {Give street and number.} 36½ E. Pratt

Cause of Death, First (Primary,) Cholera Morbus

Second (Immediate,) Collapse

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, July 9" 1879

J. W. P. Bates M. D.
Medical Attendant.

Undertaker, Amos Kohler. *Address* 1½ S. Exeter.

Place of Business, 244 E Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

out, to the undertaker [illegible] of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna A Claybourn

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

Age, *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower.~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 242 George St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 242 George St

Cause of Death, { First (Primary,) Gastro enteritis

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ont. O Druids

Date of Burial, July 9th 79

Undertaker,

Place of Business, J. B. Cook 707 W Balto St

W. H. Crim *M. D.*
Medical Attendant.

Address 185 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 33974

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Irvin B. Tabbs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, Black *Sex,* male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. E. 41 arch st.

Cause of Death, First (Primary,) Tuberculosis.

Second (Immediate,) Diarrhoea.

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, July 9th 1879

Albert Stephens M. D.
Medical Attendant.

{*Undertaker,* Chas J. Scriven *Address* 427 W. Pratt st
{*Place of Business,* 216 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Smith

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} Hoff's Ct between Dallas & Bond & Gough & Pratt Sts

Cause of Death, First, (Primary.) Dropsy

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, E. Publics Cemy

Date of Burial, July 9th 1879

Undertaker, P. Mullen

Place of Business, Combridge St

John A Duvall M. D.

~~Medical Examiner.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and death of illegitimate children.

Exam by Dr Taylor

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Edgar Daily

~~*Sex,*~~ *Male* ~~*or Female,*~~ {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} N.° 10. Ridgley St

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Marasmus

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Old Oliver Cem.

Date of Burial, July 9th 1879

Undertaker, Wm. J. Dickenson

Place of Business, 65 S. Eutaw St.

Augustus W. Dodge M. D.
Medical Attendant,

Address, Hanover St. 201

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Estella Blades

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} Femal

Age, ~~4~~ *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 26 S Eden

Cause of Death, First, (Primary,) Chol Inf

Second, (Immediate,)

Duration of last Sickness, Abt 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, July 9th 1879

Geo. S Kinnamon M. D.
Medical Attendant.

Undertaker, Hughes & Co.

Place of Business, 65 S Broadway *Address,* 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33378.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Brandt

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 174 Johnson St

Cause of Death, {First, (Primary,) — Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County.

Date of Burial, July 9th

Theodore Cotta M. D.
Medical Attendant.

Undertaker, C. B. Harley

Place of Business, 411 Light St. *Address,* 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry W. Bilbew

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Six Years, — Months, — Days.

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Back Basin

Cause of Death, First, (Primary.) —

Second, (Immediate.) Drowning.

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, July 9, 1879

Undertaker, M. A. Dawes

Place of Business, 74 S. Broadway

R. C. Boland M. D.
Medical Attendant.

Address, Coroner E. S.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33380

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Regis Hammond Kelly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 20 *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} No 44 Columbia Ave.

Cause of Death, {First (Primary,) Cholera Infantum
Second (Immediate,)}

Duration of Last Sickness, 28 Hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 9th 1879

Undertaker, John Thacher

Place of Business, No 150 Camden

Pembroke W. Stubbs M. D.
Medical Attendant.

Address No 263 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Askew

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 86 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} Corner Franklin & Fulton

Cause of Death, First (Primary,) Dysentery

Second (Immediate.) old age & debility

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, July 10th 1879

Undertaker, Wm Thacher

Place of Business, No 150 Caroline St *Address* 234 W Fayette St

V R Ulter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of ... this Certificate.

Board of Health, City of Baltimore,

Permit No. 33384

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Harrington Mamlette

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 3 *Years,* 6 *Months,* 12 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Louisville Ky

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number} 85 Bradley st

Cause of Death, First, (Primary,) Nephritis

Second, (Immediate,)

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem. City

Date of Burial, July 9 do

Undertaker, Fuge & Bro

Place of Business, 54 W Broadway

L. I. Dame M. D.
Medical Attendant.

Address, 27 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33383

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Howard

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age 23 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifelong

Place of Death, {Give street and number} 55 Short st

Cause of Death { First, (Primary,) Acute Meningitis

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 11th 1879

Undertaker, Victor Jacobs

Place of Business, 13 Jefferson st

Jno L Russell M. D.
Medical Attendant.

Address, Broadway & Gaudeston Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Bruning

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 2 *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give street and number} 278 Fremont

Cause of Death, {First, (Primary,) Pulmonary Congestion - 1 / Second, (Immediate,) 2 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 9th /79

Undertaker, C. P. Krause

Place of Business, 209 Hanover st.

R. Mc. P. Ellis M. D.
Medical Attendant.

Address, 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 3. A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Elizabeth Mayhaus, W

~~Sex, Male or~~ *Female,* {cross out the word not required in this line.}

Age, 68 *Years,* 8 *Months,* 10 *Days.*

Color, White

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 68 Woodyear St.

Cause of Death, First, (Primary.) Carcinoma of the Stomach (Schirrhous, ab gnetes & Cancer of the Stomach.

Second, (Immediate.) Asthenia

Duration of last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 10 1879

Undertaker, Wm. C. Schwarz

Place of Business, [illegible]

Wm. Tickert M. D.
Medical Attendant.

Address, 520 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

[illegible] & CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Hammit

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 10 Cedar Row

Cause of Death, First, (Primary,)

Second, (Immediate,) Smothered, accidentally

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 9th 1879

Geo C Ogle Coroner M. D.
Medical Attendant.

Undertaker, P. Hummit

Place of Business, Mulberry St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 33387

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

Date of Death, July 7th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas H Daughtry

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 1 *Years,* 11 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 16 E Pleasant St

Cause of Death, { First, (Primary,) } Tubercles

{ Second, (Immediate,) }

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks (Cemetery)

Date of Burial, July 10th 1879

Undertaker, John Luke

Place of Business, 161 E Balto St

W. J. Gatch M. D.
Medical Attendant.

Address, 24 W Pleasant St

Extract from Regulations of the Board of Health to secure a Full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Jones,

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 75 Cambridge St.

Cause of Death, First, (Primary,) Peritonitis

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetary

Date of Burial, July 10th

Undertaker, J. H. Freulich

Place of Business, Eastern Ave

G. G. Luck M. D.
Medical Attendant.

Address, Balt. & Wash. Pike.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 83389

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annanie d/o Walter & Brown

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Parents

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 2 Albemarle St.

Cause of Death, First, (Primary,) 7 months — Died from starvation —
Second, (Immediate,) refused all nourishment —

Duration of last Sickness, Suspect a week or more Refused Food

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial,

Undertaker, T. S. Mc Hughes

Place of Business, E. Balto St

Thomas C/ M. D.
Medical Attendant.

Address, 7 E. Lee St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...Y & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antone Gasser

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, One year *Years,* Four *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 29 North Durham St

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 89 North Ann St

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Congestion of the brain

Duration of last Sickness, About two days

All the above information should be furnished by the Physician.

Place of Burial, St Athanasius Church

Date of Burial, July 10, 1879

Milton A. Taylor M. D.
Medical Attendant.

Undertaker, J. Henry Heath

Place of Business, 305 Central ave

Address, Broadway & N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33391

" The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Loudon

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 21 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} East Va.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 20 Dut. Place

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion about one year

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 9th 1879

Undertaker, John C. Gilds

Place of Business, 265 Aliceanna *Address,* ———

——— *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} John Baldwin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* ~~Months~~, *Days.*

Color red *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chicago

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} Marion St. Court No 2.

Cause of Death, {First (Primary,) Bright's disease

{Second (Immediate.) Indurated Granulations.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 9 1879

{*Undertaker,* S. W. Chase

{*Place of Business,* 98 S Howard

John G. Kay *M. D.*
Medical Attendant.

Address Park Ave & Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL S

Permit No. 33393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1879 BALTIMORE

Date of Death, July 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaiah Gettings

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 53 *Years,* ... *Months,* ... *Days.*

Color, African Race

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Hostler

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life Residence

Place of Death, {Give street and number} 41 Raborg St.

Cause of Death { First, (Primary,) Pulmonary Consumption
Second, (Immediate,) Two Years —

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 9. 1879

Undertaker, S. M. Glover

Place of Business, 1 Lexington

Louis H. Knight M. D.
Medical Attendant.

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 33394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Serina Mahammitt

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick Md

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number} No 38, St Mary's st.

Cause of Death First, (Primary,) Heart disease, then Physician says,

Second, (Immediate,) several years, asthma, death and Dr

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, July 8 1879

Undertaker, S. M. Chase

Place of Business, Laurel Md

Geo G Gle Coroner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

C. DOLANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

Permit No. 33395

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 12 M. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elmer Young.

Sex, Male or Female, { cross out the word not required in this line. } Female -

Age, ——— *Years,* Six *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Child -

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all his Life

Place of Death, { Give street and number } Augusta & Fayette Sts

Cause of Death { First, (Primary.) Cholera Infantum

, { Second, (Immediate,) " " + Meningitis

Duration of last Sickness, Nine days -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 10th

{ *Undertaker,* Sch Shilling

{ *Place of Business,* Fayette & Monument Sts

W. D. Dohme M. D.
Medical Attendant.

Address, 861 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

POLANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 33396

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes De Falco

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1 Bennielle St

Cause of Death, {First (Primary,) Dysentery Condesing

Second (Immediate.) on week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Ceam

Date of Burial, July 10th 1879

{*Undertaker,* E. F. Krause

Place of Business, 209 Hanover.

John Morris *M. D.*
Medical Attendant.

Address 5 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Thomas Duffy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ... *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 65 N. Dallas St

Cause of Death, First (Primary,) Chronic diarrhoea

Second (Immediate.)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, July 9th 1879

Undertaker, Theo J Lichs

Place of Business, 73 Jefferson *Address* 312 N. Bond St

W. A. Hill *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 33398

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Chase

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 98 Harmony Lane.

Cause of Death, {First (Primary,) Marasmus Infantilis / Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 Months to 10 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 6 1879

Undertaker, P. Kemmerle

Place of Business, Mulberry St

R. W. Mifflin M. D.
Medical Attendant.

Address 64 N. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, withiu *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roland Wood

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 71 Lemmont St

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, about two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, July 9th 10

Undertaker, F P Cook

Place of Business, No 10 W Bell St

W N McAleer M. D.
Medical Attendant.

Address, 5321 Harford

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sally Johnson

Sex, Male or Female, { cross out the word not required in this line. } Female.

Age, ____ *Years,* 11 *Months,* 18 *Days.*

Color, Black.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 22 Smyth St

Cause of Death, { First, (Primary,) Cholera Infantum

{ Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lamel Cemetery

Date of Burial, July 10th 1879

D. H. Ames M. D.
Medical Attendant.

Undertaker, James Boyle

Place of Business, 10 New St

Address, Cor Sticker & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUL 10 1879

CERTIFICATE OF DEATH.

Date of Death, July 9. 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. Rebecca Bogan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 239 Hollins St

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 239 Hollins St

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,) One day

Duration of Last Sickness, ...

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, July 10 1879

Undertaker, W. A. Miller

Place of Business, 239 Hollins

D. Gilchrist M. D.
Medical Attendant.

Address 219 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL S[illegible]

Permit No. 33402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9 / 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Thomas Kelly

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ____ *Years,* 5 *Months,* 13 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltw. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 117 Albemarle st.

Cause of Death, First (Primary,) Dranition

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, July 10 1879

Undertaker, James P Byrne

Place of Business, No 63 n Front St

P. G. Dause M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL ST[illegible]

Permit No. 33403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUL 10 1879

CERTIFICATE OF DEATH.

Date of Death, July 9. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah A. Hopkins

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, Lady

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, from Childhood

Place of Death, { Give street and number. } 96 South Paca St.

Cause of Death, { First (Primary,) Valvular disease of heart
Second (Immediate,) Valvular disease of heart

Duration of Last Sickness, several Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, July 11th 1879

{ *Undertaker,* H. L. Schaefer
Place of Business, 109 N Fremont St *Address* 71 Franklin St

W. H. McHenry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Stanton

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, — *Years,* 7 *Months,* ... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 5 Nicholas al

Cause of Death {First, (Primary,) Tuberculosis

{Second, (Immediate,) Asthenia

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Levi Cemetery

Date of Burial, July 10 1879

Undertaker, William V Longe

Place of Business, No 62 East Blvd

Wm R Howard M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 33405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 5 o'clock A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Brüggemann.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* 1 *Months,* 4 *Days.*

Color, *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Schlüsselburg, Prussia.

Duration of Residence in the City of Baltimore, 20 Years.

Place of Death, {Give street and number.} 164 ½ Central ave.

Cause of Death, First (Primary,) Spinal Curviture

Second (Immediate,) Genral giving away of the System.

Duration of Last Sickness, 20 Years.

All the above information should be furnished by the Physician.

Place of Burial, Back to Cemetery

Date of Burial, 11 July 40 Clock A.M.

Undertaker, A. Finck

Place of Business, 466 N. Gay St.

T. Clay Maddux, M. D.
Medical Attendant.

Address 23 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Negle

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 0 *Years,* 3 *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number} 76 E Park st

Cause of Death { First, (Primary,) / Second, (Immediate,) Pneumia

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 10. 1879

{ *Undertaker,* Henry Meyer
{ *Place of Business,* 106 N Howard St.

S. T. Boyer M. D.
Medical Attendant.

Address, 134 N High

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin Byrne Smith

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, Two. Months, Twenty two Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 204 Penn. Ave.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 204 Penn. Ave.

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Pulmonary Haemorrhage

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 10

Undertaker, C. H. Blizzard

Place of Business, 201 Pen Ave

Silas Baldwin M. D.
Medical Attendant.

Address, 182 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Schneckle

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 6. *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 296 Saratoga St

Cause of Death, {First, (Primary.) / Second, (Immediate,)} Tuberculous Meningitis

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 11th 1879

Undertaker, Andrew Lutz

Place of Business, 118 Druid Hill Ave

Theodore Cook M. D.
Medical Attendant.

Address, 146. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 33409

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. JUL 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Irene Agnes Shields

Sex, Male or Female, { cross out the word not required in this line. }

Age, — *Years,* 1 *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 875 S Caroline Street

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Cholera Infantum

Duration of last Sickness, About 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, July 10, 1879

Undertaker, M. A. Dagen

Place of Business, 74 S Broadway

Jas Ridgway Jr M. D.
Medical Attendant.

Address, 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

...e Special Attention of Physicians to ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Booker

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, One *Years,* four *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 57 Baker Court

Cause of Death, { First, (Primary,) Cholera Infantum

Second, (Immediate,) ———

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cemetery

Date of Burial, July 11th 1879

J. G. Lauthicum M.D.
Medical Attendant.

Undertaker, P. Kummer

Place of Business, 317 Mulberry St *Address,* 584 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwards Bowen

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 45 *Years,* —— *Months,* —— *Days.*

Color,

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ~~Baltimore~~

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 211 E Baltimore St

Cause of Death {First, (Primary,) Second, (Immediate,)} Cancer of the Liver

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bats° Cemetery

Date of Burial, 10 July

Undertaker, J H Holmes

Place of Business, 233 East Balt St *Address,*

S. T Coyner *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33412,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elyza Bassett

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 70 William st

Cause of Death, First, (Primary,) Hepatitis

Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, July 11th 1879

Undertaker, Andrew Irons & Sons

Place of Business, 426 & 428 Light st

H W Nebstadt M. D.
Medical Attendant.

Address, 57 Barnes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33413

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J H F Buschman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 80 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 46 Years

Place of Death, {Give street and number} Hanover St 317

Cause of Death, {First, (Primary,) } {Second, (Immediate,)} Phthisis

Duration of last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 11 "

Sheridan M. D.
Medical Attendant.

Undertaker, Henry Brick

Place of Business, Hanover St 81 *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 33414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10 – 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lawrence Kaizerka

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 8 *Years,* 10 *Months,* ——— *Days.*

~~*Color,*~~

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 9 Furrow St —

Cause of Death, First, (Primary,) Pneumonia (First stage) Sequent upon Scarlatina and During convalescence from

Second, (Immediate,) Apnea.

Duration of last Sickness, about one day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 11 – 1879

C. C. McDowell M. D.
Medical Attendant.

Undertaker, Jno F. Poulus

Place of Business, 66 Frederick Ave

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No: 33415

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine E. Hinrichs

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 2 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ~~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} # 7 E. Monument St

Cause of Death, {First, (Primary,) ; Second, (Immediate,)} Convulsions

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Francis Street Cem

Date of Burial, July 10th 1879

Undertaker, Geo Schilling

Place of Business, Aisquith St

James H. Steen M. D.
~~Medical Attendant~~

Address, Commissioner of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam 7-10-V. Fitzpatrick

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33416

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin F Horn

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~X~~ *Years,* 4 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 547 Fremont St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 547 Fremont

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 10th 1879

Undertaker, Jno Weaver

Place of Business, 202 Eutaw

J. J. Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 93417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann E Wolf

Sex, Male or Female, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hesse Cassel

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number} 82 Union St

Cause of Death {First, (Primary,) Second, (Immediate,)} Did not see her until after death. Complained of pain in Umbelical Hernia - Died suddenly -

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 11th 1879

C Winslow M. D.
Medical Attendant.

Undertaker, Andrew Lutz

Place of Business, 118 Druid Hill *Address,* 23 W Cullon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2 And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 10 1879 BALTIMORE

Date of Death, July 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William I. Adams.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ___ *Years,* 10 *Months,* ___ *Days.*

Color, Col'd *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ___

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Born Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 140 Chesnut St.

Cause of Death, First (Primary,) Diarrhea

Second (Immediate,) "

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 10 1879

Undertaker, L. W. Madden

Place of Business, 335 W Hollins St

John S Pennington, M. D.
Medical Attendant.

Address 98 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 33419

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 10 1879 BALTIMORE

Date of Death, July 9 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. Teet

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Convict

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dont Know

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number.} Md. Penitentiary

Cause of Death, First (Primary,) Inflammation of Kidneys

Second (Immediate,) Emphysema

Duration of Last Sickness, 8 Month

All the above information should be furnished by the Physician.

Place of Burial, E. S. Cemetery

Date of Burial, July 9

Undertaker, Patrick Mullin

Place of Business,

Jno Burke Boyle M.D.
Medical Attendant.

Address, 116 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 33420

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Helen Andrews

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } "

Occupation, "

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } York Pa

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number } 22 Bank st

Cause of Death, First, (Primary,) ____

Second, (Immediate,) chill, con

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cem Co

Date of Burial, July 10 79

Undertaker, H C Friedfield

Place of Business, 31 Greenmount Av

J H Patten M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 33421

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Hasselhorst

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 53 *Years,* *Months,* 17 *Days*

Color,

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 804 Pearl St

Cause of Death, {First (Primary,) C'nstufficiente valv. mitral. — Second (Immediate,) paralysis cordis. — Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laudenbach Cem.

Date of Burial, July 12 79

Undertaker, Chas Ball

Place of Business, 62½ W. Balto St.

Gilbert M. D.

Medical Attendant.

Address, 137 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Gephardt

HEALTH DEPARTMENT JUL 10 1879 BALTIMORE

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, white white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany 36 years in U S

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number} Chas St bet Eden & Caroline S.V. Res 256 Central Ave

Cause of Death, First, (Primary,) old age &

Second, (Immediate,) Heart Disease prostration

Duration of last Sickness, until death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 11, 1879

Edmund R Walker M. D.
Medical Attendant.

Undertaker, Henry Hoodt

Place of Business, 309 Central Ave *Address,* Corner Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 33423. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Matilda Elliot

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick City Md

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 164 — Barre st

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemt —

Date of Burial, July 12th 1879

Dr. P. Hoffman M. D.
Medical Attendant.

{*Undertaker,* John B Blackwood & Son —
{*Place of Business,* 1206 W Baltimore Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

Board of Health, City of Baltimore

Permit No. 33424

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Baker

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 1 *Years,* 5 *Months,* 29 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Born

Place of Death, {Give street and number.} 307 Hamburg St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, July 12th 1879

Undertaker, Ph. Seewald

Place of Business, 35 S. Eutaw St

J G Wamble M.D.
Medical Attendant.

Address, 201 E Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, d the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 55425

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Guest

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* 6 *Months,* 14 *Days.*

Color, Whit *Sex,*

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 160 McCulloh St.

Cause of Death, First (Primary,) ———

Second (Immediate,) Old age

Duration of Last Sickness, Gradual failure for several months —

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, July 11 79

J. W. Owings M. D.
Medical Attendant.

Undertaker, Hughes

Place of Business, 330 W Fayette St *Address* 274 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of

Office of Registrar of Vital

Permit No. 33426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Krager

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 8 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and number.} 90 S. Fremont St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption 1 yr

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Peters Ch

Date of Burial, July 12th 1879

Undertaker, Wm T Scriven

Place of Business, 220 N Eutaw St

R. C. Lee M.D.
Medical Attendant.

N. W. cor

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL [illegible]

Permit No. 33427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1879 BALTIMORE

Date of Death, July 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Brown

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, about 60 *Years,* *Months,* *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 126 Elder Alley

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, About 1 year

All the above information should be furnished by the Physician.

Place of Burial, Cold Spring Hill

Date of Burial, July 13 1879

Undertaker, S. W. Chase

Place of Business, 198 S Howard St

H Darling M. D.
Medical Attendant.

Address, 252 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Lot 1469

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3312 28

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Annie Gadd

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 855 Williams Street

Cause of Death First, (Primary,) Rubeola

Second, (Immediate,) Colitis

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 11th 1879

Undertaker, C. F. Krause

Place of Business, 209 Hanover.

J. K. Wiley M. D.
Medical Attendant.

Address, 158 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 33429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Duncan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 57 *Years,* 5 *Months,* 5 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Four months

Place of Death, {Give street and number.} 519 W Lanvale St

Cause of Death, First (Primary,) Carcinoma Breast and Stomach

Second (Immediate,) Typhoid Diarrhea

Duration of Last Sickness, Four years

All the above information should be furnished by the Physician

Place of Burial, Western cemetery

Date of Burial, July 11th 1879

Undertaker, J B Bark

Place of Business, No 707 W Baltimore Street

James Amulay M. D.
Medical Attendant.

Address, 1141 Pacca St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITA

Permit No. 33430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patk McCauley

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 18 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 7 Lemmon St. Christ

Cause of Death, {First (Primary,) Bronchitis

Second (Immediate,)

Duration of Last Sickness, abt 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, July 12th 1879

Undertaker, I. B. Cook

Place of Business, Bath St

Rev B. Reynolds, MD per Chas H. Murfee M. D.
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Ph...

Board of Health, City of Baltimo...

Permit No. 33431

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Peter Schmidt

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 71 *Years,* ... *Months,* ... *Days.*

Color, White

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number} 158 Burgundy Alley

Cause of Death, {First, (Primary,) Pulmonary Consumption
Second, (Immediate,)

Duration of last Sickness, 4 (9 Mo

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 12th 1879

Undertaker, M. J. Dill

Place of Business, 183 Columbia *Address,* 76 Hicks & R

J. H. Comey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 33432 — Office of Registrar of Vit

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Cecelia Spicer

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* Six *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, all life.

Place of Death, {Give street and number} 617. W Lombard St.

Cause of Death { First, (Primary,) Scrofula
Second, (Immediate,) Cholera Infantum.

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters C.

Date of Burial, July 11 1879

A. C. Fox M. D.
Medical Attendant.

Undertaker, J.B. Blackiston & son

Place of Business, 606 W Batt St

Address, Cor Fayette & Schroeder.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore,

Permit No. 33433

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Seward

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Walter Seward

Age, ____ *Years,* One *Months,* 2 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 164 E. Washington

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Marasmus

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, July 12th

Undertaker, H. Foelich

Place of Business, 211 Eastern Av

Nicholas Dorsey M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33434

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Allen Keener,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} Cholera Infantum 145 Chestnut

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 12th 1879

Undertaker, John Lalz

Place of Business, 111 Pratt St

H. A. Cook M. D.
Medical Attendant.

Address, Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...& CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Ph[illegible]

Board of Health, City of Baltimore,

Permit No. 33435

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. H. Sindtrink

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 2 *Months,* 17 *Days.*

Color, ____

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hyter St. Balt.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 8 Hyter St

Cause of Death, First, (Primary.) Cholic fever

Second, (Immediate,) mal Nutrition

Duration of last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 11. 3 PM

Undertaker, A. C. R. Bandell

Place of Business, No 271 1 Ann

H. H. White M. D.
Medical Attendant.

Address, 361 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Permit No. 33436

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 11 1879 BALTIMORE

Date of Death, July 11th "

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sidney Goodland

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Husband "

Age, 27 *Years,* 10 *Months,* ..... ~~Days.~~

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Ex fireman

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number. } 65 Amity St

Cause of Death, { First (Primary,) Abscess / Second (Immediate,) Marasmus

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 12 "1879

Undertaker, F. T. Hammett

Place of Business.

Edward M. Shoe M. D.
Medical Attendant.

Address Gibson & Lexington Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 33487

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th, 1879,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander B. Hollingsworth,

Sex, Male or Female, {cross out the word not required in this line.} Male,

Age, 23 *Years,* ..... *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single,

Occupation, Painter,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Cor of Washington and Gay Sts.

Cause of Death, First, (Primary,) Accident

Second, (Immediate,) Fracture of frontal Bone and Base of Skull.

Duration of last Sickness, 4 hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 13th /79

Undertaker, Geo. Schilling

Place of Business, Ashland Square

Wilmer Brinton M. D.
Medical Attendant.

Address, 269 N. Carline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 33438 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1879 BALTIMORE

Date of Death, July 10th 1879.

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Young

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number} No 6 Jasper St

Cause of Death { First, (Primary,) Cholera Infantum

, { Second, (Immediate,)

Duration of last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, West Public Cemetery

Date of Burial, July 11, 1879

{ *Undertaker,* Fred A Kerchner

{ *Place of Business,* 50 Carrollton Ave

Edmund C Kurtz M. D.
Medical Attendant.

Address, Baltimore Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore,

Permit No. 33439

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Stewart

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 72. Elbow Lane

Cause of Death, First, (Primary,) Brainfever

Second, (Immediate,) Convulsions

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, W. Pubblic City

Date of Burial, July 11th 1879

Thos. H. Stewart M. D.
~~Medical Examiner.~~

Undertaker, F. A. Kerchner

Place of Business, Corner

Address, Comm. of Health
for Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined D. F. Fitzpatrick

(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 33440

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 11 1879 BALTIMORE

Date of Death, July 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances R. Jackson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 15 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 290 E. Howard St

Cause of Death, First, (Primary,) Mal. Nutrition contributed

Second, (Immediate,) Inanition

Duration of last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem'y

Date of Burial, July 11 1879

Undertaker, Saml W. Chase

Place of Business, E. Howard St

Thos S. Steuart M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jo. Vansant, Jr.

Permit No. 33441 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 9th July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Olivia P. Grimes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 18 *Days.*

Color, White ~~Sex,~~

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 32 N Poppleton St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, July 11 1879

Undertaker, Jos. St. Louis

Place of Business, 368 W. Balto

H. W. Owings M. D.
Medical Attendant.

Address 174 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Reverse Side

Board of Health, City of Baltimore,

Permit No. 33412

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 11 1879 BALTIMORE

Date of Death, July 11 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Rittenhouse

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* 10 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 6 Warren Av

Cause of Death, First, (Primary,) Scarlatina Anginosa

Second, (Immediate,) accompanied by Atte. Cerebral Congestion

Duration of last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, July 12 79

A B Sobb & H A Webster M. D.

Medical Attendant.

Undertaker, Andrews & Denny

Place of Business, 263 Lex

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

Permit No. 33443

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Jones

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 23 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 244 Cross St - near Hanover St

Cause of Death, First, (Primary.)

Second, (Immediate,) Inanition

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls St. Cemetery

Date of Burial, July 11th 1879

Undertaker, Hercules Ross

Place of Business, Conway St

Thomas A Steiner M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by J. H. Emmart

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 21.]

Board of Health, City

Permit No. 33454

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie L Holdefer

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ~ *Years,* 1 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~

Occupation, ~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Entire Life

Place of Death, { Give street and number } 28 Bank st

Cause of Death { First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, 12 Inst July

D W Cathell *M. D.*
Medical Attendant.

Undertaker, H. Lurz

Place of Business, 50 S Paca st *Address,* 2 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 33445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ~~deceased~~, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Bulack

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 5 *Years,* — *Months,* *Days*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 5th Years

Place of Death, {Give street and number.} In 213 Lee St

Cause of Death, First (Primary,) ——— Second (Immediate,) Cancer of the Womb

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 13th

Undertaker, F. N. Troll

Place of Business, 131 Hanover St.

Pembroke W. Noble M.D.
Medical Attendant.

Address. 203 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* it, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Ulrich

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, fifty five Years, — Months, — Days.

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Engineer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29. 3 22

Place of Death, {Give street and number} Low. S. E. Mrs. Caroline & Bank st

Cause of Death, First, (Primary,) Injuries by train. & boil

Second, (Immediate,) Explosion. —

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. County

Date of Burial, July 11 "

Undertaker, Wm. Frank

Place of Business, 35 Bank

D. G. Ireland M. D.
Medical Attendant.

Address, Govr. S. E.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 33447 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Franklin Wolf

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 18 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 36 Lemon st – Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 36 Lemon st

Cause of Death, First (Primary,) Asthenia

Second (Immediate,) Thrush

Duration of Last Sickness, never well – very feeble at birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 15 1879

Undertaker, F. F. Hammer

Place of Business, Heffler Lantz & Co Address 47 Edmondson Ave

J. H. Gibbons M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 33448

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Roese

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Forty seven *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Nineteen Years

Place of Death, {Give street and number} 435 Canton Avenue

Cause of Death {First, (Primary.) / Second, (Immediate,)} Inflamd. of Bowels

Duration of last Sickness, Eight weeks

All the above information should be furnished by the Physician.

Place of Burial, Head St. Graveyard

Date of Burial, July 12th 1879

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Ave

E. J. Way *M. D.*
Medical Attendant.

Address, 17 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11, 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Chas Lohr

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 35 [illegible]

Cause of Death, { First, (Primary.) Malarial & Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Rabbaum Ford near Spring Station B&O RR

Date of Burial, July 12 1879

James Boeling M. D.
Medical Attendant.

Undertaker, J. L. P. Pendell

Place of Business, 66 Frederick Ave

Address, 319 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

Permit No. 33450

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fill out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Dressel

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~____~~ *Years,* 9 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 792 S Charles St

Cause of Death, First, (Primary,) Hardships

Second, (Immediate,)

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Sheridan Ford & M. D.

Date of Burial, 12th July

Medical Attendant.

Undertaker, Fridrick Goede

Place of Business, No 29 S. Caroline St *Address,* 126 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 33451

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Elliot

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 21st & Penna Ave.

Cause of Death, First (Primary,) Poisoning by [illegible]

Second (Immediate,) Paralysis of Stomach

Duration of Last Sickness, 2 hours and a half

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, July 13

Dr. J. H. [illegible] M. D.
Medical Attendant.

Undertaker, Jos Brooks

Place of Business, 707 W. Baltimore St. *Address* 21st & Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 93 452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of Jos & Minnie Bell

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* Twelve *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth,} Katte Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 931 Baltimore st

Cause of Death { First, (Primary,) "Marasmus"
Second, (Immediate,)

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 12th 1879

Undertaker, J. P. Cook

Place of Business, No 707 W. Baltimore Street *Address,* 584 W. Fayette St

R. G. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians [illegible]

Board of Health, City of Baltimo[illegible]

Permit No. 33453

OFFICE OF REGISTRAR OF VITAL STATISTI[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah, Catharine Hasted.

~~Son, Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* Nine *Months,* ——— *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Infant.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Nine Months.

Place of Death, {Give street and number} 73 Eastern Avenue.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Two Days.

All the above information should be furnished by the Physician.

Place of Burial, Old Cemetery

Date of Burial, July 12 [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

Alfred A. Page M. D.
Medical Attendant.

Address, 70 Eastern Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 33454

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August A Seltzer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 28 *Years,* 8 *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Boxmaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} France 27 years

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} ~~6 Low St~~ No 6 Low St. Res 2d Friends

Cause of Death, First, (Primary,) Accidental

Second, (Immediate,) Explosion of steam boiler

Duration of last Sickness, sudden

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery

Date of Burial, July 13th 79

Undertaker, Wm J Ruth

Place of Business, ~~Cly~~ Balt

Edmund Rwalker M. D.

~~Medical Attendant.~~

Address, Comm Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and death[illegible] illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July — 12 — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Broseker

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 299 Williams St

Cause of Death, First, (Primary,) Premature Birth (6 Mos)

Second, (Immediate,) asthenia

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 12 1879

Undertaker, H. Briel

Place of Business, Hanover St *Address,* Commissioner of Health

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by L. J. Fitzpatrick [OFFICER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33457

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred H. Beck

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 13 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 187 Druid

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, July 12th 1879

G. E. Chatard M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, Penna Ave *Address,* 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 93457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Flora Eaton

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* ..... *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number} 19 Locust al.

Cause of Death, First, (Primary,) Scarlatina.

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, July 12 79

Undertaker, Knabaugh & Dever

Place of Business, No 263 Light

R. L. P. Ellis M. D.
Medical Attendant.

Address, 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Clark

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 Years, ... Months, ... Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States. if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number} 52 Oxford St Baltimore

Cause of Death, First, (Primary) Enteritis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

R. B. Morrison M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

SAFETY FILM

Board of Health, City of [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. Dawson

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 1 *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 712 Hanover St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Cerebral Effusion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 13th 1879

Undertaker, Dennis Coden

Place of Business, 263 Light St

J. C. Busch M. D.
Medical Attendant.

Address 15 N Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Nicholson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 76 *Years.* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Aged Womens Home

Cause of Death {First, (Primary.) Pulmonary / Second, (Immediate.) Tuberculosis}

Duration of last Sickness, 3 Months

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 12/79

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St

Geo K. Hyde M. D.
Medical Attendant.

Address, 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mamie Bitt

Sex, Male or Female, { cross out the word not required in this line. }

Age, — *Years,* 5 *Months,* 3 3 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 223 Battery Avenue Williams St

Cause of Death, { First, (Primary,) Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 2 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Westminster Cemetery

Date of Burial, July 12 1879

Thos. Lord M. D.
Medical Attendant.

Undertaker, B. J. Earle

Place of Business, 111 Light St. *Address,* 14 E. Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora M. Brewer

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, \ *Years,* \ *Months,* \ *Days.*

Color,

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 4 weeks

Place of Death, {Give street and number} 51 Hanover

Cause of Death, {First, (Primary.) Pneumonia. / Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, July 12th

R. H. Wells M. D.
Medical Attendant.

Undertaker, C. H. Hearle

Place of Business, 711 Light St. *Address,* 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W. Fortman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 12. Years, 6. Months, ... Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} West St

Cause of Death, {First, (Primary,) .....
Second, (Immediate,) Scarlatina}

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Mt. Olivet~~ Greenmount Cem.

Date of Burial, July 14th

Undertaker, J. B. Earle

Place of Business, 711 Light St.

Theodore Cook M. D.
Medical Attendant.

Address, 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33164

HEALTH DEPART... JUL 21 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John W. Jackington

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 4 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, { Give street and number } 24 Pontney

Cause of Death, { First, (Primary.) Scarletina

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Madison Ave

Date of Burial, July 13th 1879

R. H. P. Ellis M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John E. Chadwick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 33 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Morgantown W. Va

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 129 Bolton St

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Hepatic Abscess with Portal Congestion

Duration of Last Sickness, About Six Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 13 1879

Undertaker, Thos J Hughes

Place of Business, 238 Madison Ave *Address* 38 Mount Vernon Place

Jos. Lloyd Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Burnett

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 7 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} "

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, {Give street and number} N. 841 W Lombard st

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Heart Disease

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, W Oliver Cemetery

Date of Burial, July 13th 1879

J H Patterson M. D.
Medical Attendant.

Undertaker, John Mercher

Place of Business, North Exeter st

Address, 23 Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elijah Dudley

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 5. Peach alley

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Spasms

Duration of last Sickness, 3. days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12th 1879

Undertaker, Hercules Ross

Place of Business, Conway St

_____ M. D.
Medical Attendant.

Address, Comm of Health
J Reyis Wan

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

Evan R. F. Fitzpatrick

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Galvray

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 21 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 28 yrs.

Place of Death, {Give street and number} Lelly Hospital

Cause of Death First, (Primary.) Acute Bright's Disease

Second, (Immediate,) Apnoea from uraemic poison.

Duration of last Sickness, 4 D.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, July 18th 1879

Undertaker, Wm H Hickman

Place of Business, No 2341 Gay

David Streett M. D.
Medical Attendant.

Address, Lelly Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Requested.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Gertrude Johnson

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

~~*Age,*~~ _____ *Years,* 9 *Months,* _____ *Days.*

Color, Negro

~~*Married,* Single, *Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 161 Peirce St. Balto City

Duration of Residence in the City of Baltimore, 9 Mth.

Place of Death, {Give street and number} 161 Peirce St.

Cause of Death, First, (Primary,) Pertussis

Second, (Immediate,) Bronchitis et Asthenia,

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mark's Cemetery

Date of Burial, July 13 1879

Undertaker, S McHase

Place of Business, No 198 Bond St

Wm Roberts M. D.
Medical Attendant.

Address, 520 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Cook

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ~~Balt~~ Calvert Co, Md

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} 39 Jessup st

Cause of Death { First, (Primary.) Pulmonary Consumption
Second, (Immediate,)

Duration of last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12 1879

Undertaker, S H Chase

Place of Business, No 198 Howard *Address,* 201 W. Biddle St

T. Winslow *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Walker

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 16 *Months,* 11 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 196 Henrietta St

Cause of Death, {First, (Primary.) Second, (Immediate.)} Cholera Infantum

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12 1879

Undertaker, S McShane

Place of Business, No 198 Howard St

L. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11 July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Lankford

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 18 *Years,* *~~Months~~,* *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, all time

Place of Death, {Give street and number.} No 32 Charles St

Cause of Death, First (Primary,) Dropsy

Second (Immediate,)

Duration of Last Sickness, Six month

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, July 12, 1879

Undertaker, Charles A. White

Place of Business, 35 Granby st

Hubert M. D.
Medical Attendant.

Address, No 36 Daniels st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33473

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Axel Rasmussen

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Twenty nine *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Ship Caulker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, { Give street and number } Off Canton Elevator "No 3"

Cause of Death, First, (Primary.) Drowning.

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, July 13th

Undertaker, C. C. Marshall

Place of Business, 216 Eastern Ave

H. C. Ireland M. D.
Medical Attendant.

Address, Coroner E. S.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 334474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William P. Eccard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* 6 *Months,* 23 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ~~~

Place of Death, {Give street and number.} No. 276 Eastern ave

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemty

Date of Burial, July 13th

Undertaker, H Froeblich

Place of Business, 246 Eastern Av

Dr. C. M. Schmitt M. D.
Medical Attendant.

Address S.W. cor. Holliday & Eastern ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 121 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Scott

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, ——— *Years,* one *Months,* 22 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 93 Church St

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Cerebral Congestion

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem'y

Date of Burial, July 13th 1879

———— M. D.
~~Medical Attendant.~~

Undertaker, Jacob Davis

Place of Business, Lee Street

Address, Comm'r of Health & Registrar

Exam'd by L. Vansant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Friedrich W. Veidwitz

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 65 *Years,* ~~Months,~~ 21 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Paper box Manufacturer

Birthplace, { State or country (and if now born in the United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, { Give street and number. } 619 W. Lombard Str

Cause of Death, { First (Primary,) } Phthisis Pulmonum

{ Second (Immediate,) }

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, July 14th 79

Undertaker, A. W. & J. Bartlett

Place of Business, 62 & 64 W. Balto St

A. Aranovsky M. D.

Medical Attendant.

Address 254 N. Caroline Str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. F. Saunders

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 10 *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 223 N Durham

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 13th 1879

Undertaker, A. & R. Barndt

Place of Business, N. Ann St

R. E. Russell *M. D.*
Medical Attendant.

Address, Broadway & Fleet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 12 10 BALTIMORE

Date of Death, July 11th 1879 5 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mamie Stricamb Gold

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 4 *Years,* 8 Eight *Months,* *Days.*

Color, Brown Skin

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md Mrs Hamm

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No 186 E. Fayette Adam Marked

Cause of Death, { First, (Primary,) Cholera Infantum / Second, (Immediate,) Spasms

Duration of last Sickness, Not (2) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12th

Undertaker, A. J. Weyman

Place of Business, 18 Saratoga St

N. G. Keirle M. D.
Medical Attendant.

Vis. Phys.

Address, Bd. of Health Dept

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Hughes

Sex, Male or Female, {cross out the word not required in this line.}

Age, Years, 4 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 232 Preston st

Cause of Death { First, (Primary,) Second, (Immediate,) Convulsion

Duration of last Sickness, very delicate since birth

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 13th 1879

Undertaker, Chas J Scriven

Place of Business, N Eutaw & Rose

Caleb Winslow M. D.
Medical Attendant.

Address, 23 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Hunter

Sex, Male or Female, {cross out the word not required in this line.}

Age, Fifty *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Liverpool

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number} Hull St. Locust Point

Cause of Death, {First, (Primary,) } {Second, (Immediate,)} Cancer of the Uterus

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, July 14th 1879

Undertaker, John F. Schuck

Place of Business, 151 Hull st

[illegible] M. D.
Medical Attendant.

Address, 20 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Jones

Sex, Male or Female, {cross out the word not required in this line.}

Age, 16 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number} 96 S. Chapel

Cause of Death, First, (Primary,) Phthisis Mortus

Second, (Immediate,) Paralysis

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Stork Cemetary

Date of Burial, July 13

Undertaker, Owens & White

Place of Business, 225 S. Eutaw

Wm. Wade M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Grant

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 20 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 176 n Eden n

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baer Cemetery

Date of Burial, July 14th 1879

Undertaker, Jas P Byrne

Place of Business, Front St

W. L. Russell M. D.
Medical Attendant.

Address, Broadway & Eden n

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33483

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wanilla G. Edwards

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* 6 *Months,* *Days.*

Color, white *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 171 N. Gilmore St.

Cause of Death, First (Primary,) Erysipelas

Second (Immediate,) Exhaustion

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, July 13th 1879

Undertaker, Stone & Hagerty

Place of Business, 10 East Fayette

J. Harvey Hill M. D.
Medical Attendant.

Address S.E. Cor Edmondson & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 33484

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33484

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Augustus Kaffenberger

Sex, Male or ~~Female,~~ { cross out the word not required in this line. }

Age, ____ *Years,* 3 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ~~minor~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } No 7 King st Court

Cause of Death, { First, (Primary,) Malnutrition

Second, (Immediate,) one Atrophy

Duration of last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 13. 1879

Undertaker, John S Machen

Place of Business, Camden & Park

James A Steuart M. D.

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Stewart

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 6 *Months,* ____ 8 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} N. Stricker 312

Cause of Death, First, (Primary,) Cattle fed, Emetic, Cathartics

Second, (Immediate,) from birth. Meningitis

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, July 13th 1879

T. O. White M. D.
Medical Attendant.

Undertaker, Wm H Hickman

Place of Business, 234 N Gay St *Address,* 234 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11 July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Kennard

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days*

Color, Colo

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, from birth

Place of Death, {Give street and number.} 79 N. Duncan alley

Cause of Death, First (Primary,) Compression of brain during birth

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Ever

Date of Burial, July 13 1879

Undertaker, Theo J Locke

Place of Business, 78 Jefferson

E. F. Sous M. D.
Medical Attendant.

Address, 406 E. Balto st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathaniel Conner

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 26 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Oyster Shucker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 10 S Bethel Street

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) .....

Duration of last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, July 13 1879

Undertaker, Thos J Locke

Place of Business, 78 Jefferson *Address,* 299 E Bald Street

Chas E Denville *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martin Ryan

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } No. 3 Gilmore Ave

Cause of Death, { First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 13th 1879

J. D. Medical Attendant.

Undertaker, H. H. Gilmeyer

Place of Business, 361 Canton Av. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Drucilla Stansbury

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number} 10 Stockholm St.

Cause of Death First, (Primary,) Pertussis

Second, (Immediate,) Pneumonia.

Duration of last Sickness, about 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 13 1879

Undertaker, S. W. Chase

Place of Business, S. Howard St

J. H. Thilé M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2 And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 33490

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33490

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Whittington Jackson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 61 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Wheelsman

Birthplace, {State or country, and how long in the United States if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number} on St Mary, Washington av Light St. Wh
~~Res~~ 89 N. Dallas St.

Cause of Death, First, (Primary.)

Second, (Immediate,) Believed to be Heart disease

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 14th 1879

Undertaker, Wm K. Dunges

Place of Business, ~~Market~~ Gun St

R C Lee M. D.
Coroner 3rd D.

Address, Hanover Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Fisher

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* Nine *Months,* 20 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} N. W. Cor. Orleans St. & Bond

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Cholera Infantum

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 13th 1879

Wm H Clendinen M. D.
Medical Attendant.

Undertaker, Levy & Bro

Place of Business, 54 N Broadway *Address,* No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33492

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carey & Charlotte. Reid. Parents

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, Months, 1 Hour Days.

Color, C.

Married, Single, Widow or Widower, {Crose out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 11 S. Charles St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Premature Birth.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St cem.

Date of Burial, July 13

Undertaker, Thos. F. Locke

Place of Business, 73 Jefferson st

L. G. Gordon, M. D.
Medical Attendant.

Address 211 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Thompson

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 11 Shuter St., City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 11 Shuter St.

Cause of Death, {First (Primary,) Diarrhea

Second (Immediate,) .....}

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Falles St cemt

Date of Burial, July 13

Undertaker, Thos L Locks

Place of Business, 73 Jefferson St

E. B. Fenby *M. D.*
Medical Attendant.

Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Brooks

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Charles Co. Md

Duration of Residence in the City of Baltimore, Sixty Years

Place of Death, {Give street and number.} 31, Richmond St

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Old Age

Duration of Last Sickness, about one year.

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cross Cemetery

Date of Burial, July 14th 1879

W. H. McHenry, M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address* 71 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christine Sueneihl

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number} Gough Street 78

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 12th

William Henkel M. D.
Medical Attendant.

Undertaker, W. H. Tippel

Place of Business, S. Bond st 151

Address, S. Wolfe st. 118

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur W. G. Tait

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* Six *Months,* Eleven *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Baltimore. 123. N. Charles St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Forty eight hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 14th July 1879

Undertaker, W. W. Jenkins Son

Place of Business, 16 Light st.

Wm. T. Smith M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Phy[illegible] is respectfully invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Althia Wrightson

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 1 *Years,* 1 *Months,* ——— *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 64 S. Eden St

Cause of Death, First (Primary,) Pertussis.

Second (Immediate,) Paralysis

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 14th 1879

Undertaker, John H. Weaver

Place of Business, #22 W. Fayette St

Thomas J. Evans M.D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicia...

Board of Health, City of Baltimore,

Permit No. 33498

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Hunter

Sex, Male or Female, {cross out the word not required in this line.}

Age, Two *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 223 Pierce St.

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,) Convulsions, defy, or Nephritis

Duration of last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Cath Cem'y

Date of Burial, July 14th 1879

Undertaker, Jos H Byrne

Place of Business, 579 N Eutaw St

Chas. H. Nitt *M. D.*
Medical Attendant.

Address, 376 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Minturn Austin

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, 10 Months

Place of Death, {Give street and number} 34 Myrtle Ave

Cause of Death First, (Primary,) Contagion Carried from the neighborhood

Second, (Immediate,) Scarlet fever

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, July 14th 1879

Undertaker, C. B. Blackiston & Son

Place of Business, 606 Batt St

Fr. D. McGinnis M. D.
Medical Attendant.

Address, 552 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, [illegible] of Disease.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Rae Shaw,

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, *Years,* 2 *Months,* 25 *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 301 E ~~Fayette~~ Pratt St.

Cause of Death { First, (Primary,) Cholera Infantum

Second, (Immediate,) Marasmus

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 16th 1879

Undertaker, Hughes & Lee

Place of Business, 65 S Broadway

L. W. Hoeck M. D.
Medical Attendant.

Address, 336 Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca A Berry

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 68 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, entire life time

Place of Death, {Give street and number} 97 S Washington St

Cause of Death First, (Primary,) Failure of digestive function with

Second, (Immediate,) General atrophy.

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 15th 1879

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

D W Cathell M. D.
Medical Attendant.

Address, 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33502

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

Date of Death, Baltimore July 12 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie C Blankenburg

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Two (2) *Years,* one (1) *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City 21 May 1877

Duration of Residence in the City of Baltimore, 2 years.

Place of Death, {Give street and number} No 75 Millinan St.

Cause of Death, First, (Primary,) Pseudo-Membranous Laryngitis (croup)

Second, (Immediate,) Dyspnoea.

Duration of last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Geo. F. Taylor M. D.
Medical Attendant.

Undertaker,

Place of Business, *Address,* 210 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33503

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July. 12th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schmeltzing

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 59 Years, 3 *Months,* 23. *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 24 Years.

Place of Death, {Give street and number} Purce R.

Cause of Death {First, (Primary.) Pneumonia

{Second, (Immediate.)

Duration of last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cemetery

Date of Burial, July 15th 1879

Undertaker, P Kinnert

Place of Business, 317 Mulberry St *Address,* 226 Mulberry St

Louis Chs Horn *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...LANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to [illegible]

Board of Health, City of Baltimore,

Permit No. 33502

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

Date of Death, 13 July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Theodor Bartels

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 16 Years, 4 Months, 8 Days

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, learning the manufacturing of cigars

Birthplace, {State or country (and how long in United States, if of foreign birth.)} ~~Baltimore~~ Martinsburg W. Va

Duration of Residence in the City of Baltimore, Since his birth

Place of Death, {Give street and number.} Callender Alley 24

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,) Incipient vomiting

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 14 July 1879

Undertaker, P. Kummert.

Place of Business, 311 Bulbery St

W. E. Pennard M. D.
Medical Attendant.

Address, 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Langie

Sex, Male or Female, {cross out the word not required in this line.} female

Age, —— Years, 2 Months, —— Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, nil

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 14 mos

Place of Death, {Give street and number} 135 North St

Cause of Death { First, (Primary,) Eclampsia Infantum
Second, (Immediate,) Asthenia

Duration of last Sickness, 5 dys

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cem

Date of Burial, July 14 - 10 Oclock

M. D. Davis Sheets
Medical Attendant.

Undertaker, Geo G Rodenmayer

Place of Business, 3 & Eutaw St

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

..., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1879 9 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Maus

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 7 *Years,* 3 *Months,* 2 7 *Days.*

Color, White

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Infant Wife

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} St Josephs Hospital

Cause of Death, First, (Primary,) Hepatitis

Second, (Immediate,) Five weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, July 14th 1879

Undertaker, Wm Frey

Place of Business, 90 Eden Av.

A Albertzer MD, M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

[illegible] & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Luke League

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Steamboat Captain

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 32 Frederick Ave

Cause of Death First, (Primary,) Consumption

Second, (Immediate,) "

Duration of last Sickness, Six months in bed. Has had Consumption for 30 years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 14

Undertaker, J B Cook

Place of Business, 707 W Pratt St Balto

W E Register M. D.
Medical Attendant.

Address, W Lafayette Ave Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ... furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...LANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physician...

Board of Health, City of Baltimore,

Permit No. 33508

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13 July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Bergenfelder

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 74 *Years,* ~~0~~ *Months,* 4 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bavaria. about 25 years in U.S.

Duration of Residence in the City of Baltimore, about 25 years.

Place of Death, {Give street and number.} W Lombard St 490

Cause of Death, First (Primary,) Bilious fever.

Second (Immediate,) Exhaustion.

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 14 July 1879

Undertaker, J. B. Cook

Place of Business, W Baltimore near Greene.

Dr F Reinhard M.D.
Medical Attendant.

Address. 224 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS[illegible]

Permit No. 33509

The Physician who attended any person in [illegible] illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice A Scattsfield

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 10 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 161 N Carolina St

Cause of Death, { First (Primary,) Dysentery
Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, July 15th 1879

O S Mahon M. D.
Medical Attendant.

{ *Undertaker* Geo Ehling
{ *Place of Business,* Monument & Asylum *Address* N Exeter St No 128

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 33510

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Kate Clough.~~ July 13th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Clough

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 20. *Years,* 1 *Months,* 9. *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 437 N. Gay St.

Cause of Death First, (Primary,) Phthisis Pulmonis.

Second, (Immediate,)

Duration of last Sickness, 2 Years.

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, July 14th 1879

Undertaker, Geo I Schilling

Place of Business, Aisquith St

Louis L Mora M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on the

Board of Health, City of Baltimore,

Permit No. 33511

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa E. Buckhoff

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* One *Months,* 2 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Fifteen

Place of Death, {Give street and number} 173 Lower Street

Cause of Death {First, (Primary,) Cholera Infantum

{Second, (Immediate,) Exhaustion or Collapse

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 14 - 1879

{*Undertaker,* C. F. Krause

{*Place of Business,* 209 Hanover

Z. R. Riley M. D.
Medical Attendant.

Address, 108 Hanover St
Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33512 — OFFICE OF REGISTRAR OF VITAL STATIS[TICS]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Baby Moody & Will Nash (Parents)

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Five Minutes ~~Years~~ ~~Months~~, ~~Days~~.

Color, Black *Sex,*

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 85 Moore Alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 85 Moore alley

Cause of Death, {First (Primary,) Premature delivery caused Second (Immediate.) by heavy lifting.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West Pult Cemetery C. B. Gardner M. D.

Date of Burial, July 14th 1879 Medical Attendant.

Undertaker, F. A. Fordney.

Place of Business, Carrollton Av. *Address* 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No 33513

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13, 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nannie N. Resnick

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, Years, 1 Month & 10 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Sex,

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 219 Saratoga st

Duration of Residence in the City of Baltimore, All its life

Place of Death, { Give street and number. } 219 Saratoga st

Cause of Death, { First (Primary,) Inanition from inabil- Second (Immediate,) ity to digest artificial food.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 14th 1879

W. T. Howard M. D.
Medical Attendant.

{ *Undertaker,* C. Emmerson
{ *Place of Business,* 16 N. Gilmor Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 33514

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lou Finny

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 18½ Ellen Ave

Cause of Death, First, (Primary.) ____

Second, (Immediate,) Meningitis

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 14th

Undertaker, Fuentes Ross

Place of Business, 95 Conway St

A. Todd Carl M. D.
Medical Attendant.

Address, 164 S. [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 33515

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13 / 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margarethe Schupp

Sex, Male or Female, {cross out the word not required in this line.}

Age, 71 *Years,* 6 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 345 Orleans St

Cause of Death, First, (Primary,) Dysenterie

Second, (Immediate,) Exhaustion

Duration of last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 15

G. Lichtenberg M. D.
Medical Attendant.

Undertaker, John Hercules

Place of Business, 382 Orleans St *Address,* 223 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained; That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...LEARY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33516

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death. July 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida May Stillman

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, *Years,* 1 *Months,* 13. *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 289 North Bond

Duration of Residence in the City of Baltimore, 7 months & 13 days

Place of Death, {Give street and number.} 289 N Bond

Cause of Death. {First (Primary,) Inflammation of Liver
Second (Immediate,) Disorder of Stomach & Bowells

Duration of Last Sickness, not stated

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 14 1879

Undertaker, Arnest & Dorsey

Place of Business, Light St

Geo. H. Wagner M. D.
Medical Attendant.

Address, 18 Wagner St Balt.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 33517

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis S Kommerer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 7 Months, 13 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 148 N Eutaw St

Cause of Death, First (Primary,) Colitis

Second (Immediate,) 5 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem & Hall Ludlow M. D.

Date of Burial, July 16th 1879 Medical Attendant.

Undertaker, John H Weaver Address 151 Eutaw St

Place of Business, #22 W Bay Ste

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 33518 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Martha J. Wolz

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 44 *Years,* 7 *Months,* *Days.*

Color, W *Sex,* F

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} John st. near Hanford ave

Cause of Death, {First (Primary,) Pulmonary Consumption

{Second (Immediate,) Abort. seven months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 15th

{*Undertaker,* Geo Schilling

{*Place of Business,*

R. McSherry, *M. D.*
Medical Attendant.

Address 189 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 33519

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Dickinson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 161 Conway st

Cause of Death, First, (Primary,) Asthenia

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 15th 1879

Undertaker, Lowe & Weaver

Place of Business, Park & Saratoga

J. W. Webster M. D.
Medical Attendant.

Address, 37 Barnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, [illegible] of death, except in [illegible] of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33520

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Mary Schmaing

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 9 *Months,* ____ *Days.*

Color, W

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ~~132 Lee~~ [illegible]

Place of Death, {Give street and number} 132 Lee Ave

Cause of Death, {First, (Primary,) Second, (Immediate,)} Marasmus

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Great Home Cem

Date of Burial, July 14th 1879

Undertaker, Wm Hucker

Place of Business, 16 E Camden

D. Dixon M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 33521

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John B. Kimmel.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 12 Clement St.

Cause of Death First, (Primary,)

Second, (Immediate,) Scarlet Fever.

Duration of last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetary

Date of Burial, 15th. July 1879

Undertaker, Wm. Sicelaus

Place of Business, 258 Aisquith

R. J. N. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 33522

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12 - 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isabella Wroten

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 1 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Spring Grove Asylum

Duration of Residence in the City of Baltimore, 2 1/2 years.

Place of Death, { Give street and number } Nursery & Child's Hospital

Cause of Death, First, (Primary.) Mal-Nutrition

Second, (Immediate.) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 14

Undertaker, C. H. Hayes

Place of Business, Lexington

C. F. Brune M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 33523

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Smith.

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.} Female,

Age, ~~Years,~~ 3. *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimor

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Infantile Diarrhoea 2)

Second, (Immediate,) Mal-nutrition 1)

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 14

Undertaker, [illegible]

Place of Business, [illegible]

C. F. Brune. M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 33524

The Physician who attended the person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Butler

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 5 7 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 44 Covington St

Cause of Death { First, (Primary,) Second, (Immediate,) Scrofula

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 14th

Undertaker, E. B. Earle

Place of Business, 411 Light St

Herbert Carter M. D.
Medical Attendant.

Address, 146 Hanover St.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 33525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Salter

Sex, Male or Female, { cross out the word not required in this line. }

Age, 84 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Potter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Pentwater Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, { Give street and number } 200 Booth Street near Bond

Cause of Death { First, (Primary,) Debility 7 days ago
Second, (Immediate,) Seven weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 14th 1879

Undertaker, Wm. N. Rugee

Place of Business, No 62 E. Balt. St

Chas. H. Tull M. D.
Medical Attendant.

Address, 200 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 33526

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mariana Ellen Innes

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~ ~~ *Years,* 2 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Hope Street

Cause of Death, First, (Primary.)

Second, (Immediate,) Idiocy Infantum

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, July 14th 1879

Undertaker, A. Fink

Place of Business,

Thomas A Clement M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by John R. Coulter

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia F. Pond

Sex, Male or Female, {cross out the word not required in this line.}

Age, 22. *Years,* 6 *Months,* 2 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 78 Hamburg, E

Cause of Death { First, (Primary.) Phthisis
Second, (Immediate.)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 14th 1879

Undertaker, Armiger & Army

Place of Business, 263 Light St. *Address,* 16 Hanover St.

Gordon Locke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

Permit No. 33528

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William . F. Keen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* 6 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Dairy maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 79 Johnson st

Cause of Death, {First (Primary.) Acute Gastritis

{Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, M E Cemetery Phila Pa

Date of Burial, July 14th 1899

Undertaker, Smith & Lemmy

Place of Business. 263 Light

I. C. Bunch M. D.
Medical Attendant.

Address 151 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 33529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th July 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Gallion

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ~~18~~ 21 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower.*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all the time

Place of Death, { Give street and number. } 188 Mulberry St.

Cause of Death, { First (Primary,) Meningitis
Second (Immediate,) prostration

Duration of Last Sickness, seven days (under my care 4 days)

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cem

Date of Burial, July 15th 79

Undertaker, Robt J Bartlett *Address* 120 Saratoga St.

Place of Business, 12½ N. Balto St

Jas McFeldman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 33530

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Sawitzki

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city, Md.

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} # 245 S. Wolf St.

Cause of Death, First, (Primary.) Peritonitis followed by

Second, (Immediate.) internal convulsions.

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Pancras

Date of Burial, July 14th 79

Undertaker, [illegible]

Place of Business, 280 Canton ave

John H. Ribbergen M. D.
Medical Attendant.

Address, 243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully

Board of Health, City of Baltimor

Permit No. 33531

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Butts

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 219 Battery Ave

Cause of Death {First, (Primary,) Second, (Immediate,)} Inanition

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 14th 1879

Undertaker, B Hartle

Place of Business, Light St

London Coste M. D.
Medical Attendant.

Address, 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Oliver

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* One *Month,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Balty City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 4 X- Alley

Cause of Death, First, (Primary,) Mesenteric Obstruction — (Artificial

Second, (Immediate,) Atrophy

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17th 1879

Undertaker, S. W. Chase

Place of Business, S. Howard St

Stuart Stump M. D.

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Examd by - D. V. Telyphaucke [illegible]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 33533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Wilson

~~*Sex,*~~ *Male or* ~~*Female,*~~ {cross out the word not required in this line.}

Age, —— *Years,* 5 *Months,* 3 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 136 Scott St

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Inanition

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemt

Date of Burial, July 15th 1879

A. McL. Cochran M. D.
Medical Attendant.

Undertaker, John J Andrews

Place of Business, No 6 Druid Hill Ave *Address,* 335 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL

Permit No. 33534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rosenbury

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 82 *Years,* 4 *Months,* 7 *Days.*

Color,

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Brass Founder

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. County

Duration of Residence in the City of Baltimore, 67 Years

Place of Death, {Give street and number} 70 Ridgely St

Cause of Death, First, (Primary,) Hepatitis

Second, (Immediate,) Diarrhoea

Duration of last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 13-1879

Undertaker, J. F. Krause

Place of Business, Hanover St *Address,* 835 W. Lombard St

A. McSherry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christine Schmidt

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and number} S. Chapel Street 64

Cause of Death, First, (Primary,) Tabes mesenterica

Second, (Immediate,) Exhaustio

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Johns [illegible] let

Date of Burial, July 17 1879

William Henkel M. D.
Medical Attendant.

Undertaker, Peter Brown

Place of Business, 97 E Lanvale

Address, S. Holliday St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Frazier

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, One day

Place of Death, {Give street and number} 1 Chesnut alley between Calhoun & Stricker Sts

Cause of Death, First, (Primary,) —

Second, (Immediate,) Consumption

Duration of last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, July 19th 1879

Undertaker, F. A. Kershner

Place of Business, Corner Calhoun & Fayette Sts

James A Steuart M. D.
Medical Attendant.

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by Dr. Steuart

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Kate Butler

Sex, Male or Female, {cross out the word not required in this line.}

Age, One *Years,* six *Months,* [illegible] *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 223 E. Pratt St.

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Convulsions

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, July 14th

Undertaker, H. Trachlich

Place of Business, 246 Eastern Av *Address,*

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 33538

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Walker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 169 Edmondson av Balt

Duration of Residence in the City of Baltimore, His entire life

Place of Death, {Give street and number.} 169 Edmondson av

Cause of Death, {First (Primary,) / Second (Immediate,)} Exhaustion Sumation

Duration of Last Sickness, 11 Days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 17 79

Undertaker, Hughes & Co

Place of Business, 230 W Fayette

M Hammond M. D.
Medical Attendant.

Address 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully called

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33539.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13 July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Frances

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, *Years,* 11 *Months,* about 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Reading

Duration of Residence in the City of Baltimore, Institution 10 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death {First, (Primary.)} Marasmus

{Second, (Immediate,)} Spasm

Duration of last Sickness, from Inception

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 14. 1879

Undertaker, Frank Brown

Place of Business, 52 Division st.

Mastin Brewer M. D.
Medical Attendant.

Address, 68 Mc Culloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S...

Permit No. 33540

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15TH 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Gordon Keather

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 weeks *Years.* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 136 Aisquith

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate.)

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery Geo B Reynolds M. D.

Medical Attendant.

Date of Burial, July 15 1879

{*Undertaker,* Farst & Bro

{*Place of Business,* Fayette St *Address* 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 33371

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary S. Chambers

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 19 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 31 S. Central ave

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate,) Chronic Infection

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, July 16, 1879

Undertaker, Chas A White

Place of Business, 36 Gay corner of Lloyd

Samuel Clemm M. D.
Medical Attendant.

Address, Corner of Lloyd & Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 33524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Meakins

Sex, Male or Female, {Cross out the word not required in this line,} ~~Female~~

Age, 45 *Years,* *Months,* *Days.*

Color, ~~W~~

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} ~~Widower~~

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~—~~

Duration of Residence in the City of Baltimore, ~~—~~

Place of Death, {Give street and number.} ~~—~~

Cause of Death, First (Primary,) ~~—~~

Second (Immediate,) ~~—~~

Duration of Last Sickness, ~~—~~

All the above information should be furnished by the Physician

Place of Burial, Laurel Glen

Date of Burial, July 15th 1879

M. D.
Medical Attendant.

Undertaker, Fred. Sticks

Place of Business, 13 Hillen St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...pecial Atte... ...Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on...

Board of Health, City of Baltimor

Permit No. 33213

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emanuel Stern

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~Years,~~ ~~Months,~~ (8) Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 119. N. Gay Street

Cause of Death {First, (Primary,) Trismus nascentium

{Second, (Immediate,)

Duration of last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Bal. Hebr. Cemetery

Date of Burial, July 15th 1879

Undertaker, Wm Sauer

Place of Business, 44 S. Bond St.

Sw Sloan M. D.
Medical Attendant.

Address, 119 N Gay Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 9.50 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Gravenich

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 24 *Years,* 9 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ???

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 121 S. Broadway

Cause of Death First, (Primary,) Typhoid Fever.

Second, (Immediate,)

Duration of last Sickness, Came three weeks - I was called in on Saturday night

All the above information should be furnished by the Physician.

Place of Burial, Bittinger

Date of Burial, 9 [illegible] 14

Undertaker, [illegible]

Place of Business, [illegible]

[illegible] Samuel E Donnelle M. D.
Medical Attendant.

Address, 297 E Balt. Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND S[illegible]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 83525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Hart

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 1½ *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 298 Bank

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 2 week

All the above information should be furnished by the Physician.

Place of Burial, Balt Cem.

Date of Burial, July 15 1879.

Undertaker, J. L. Rossing

Place of Business, 97 Dolphin St.

K. N. Mansfield M. D.
Medical Attendant.

Address, 1170 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL STA[illegible].

Permit No. 33546

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Knoll

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 3 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } Cor O'Donnell & Patterson

Cause of Death, { First, (Primary.) Second, (Immediate.) } Intestinal Inflammation

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 15th 79

Undertaker, C. E. Bell

Place of Business, 1108 E. Pr. 91

E. Jones Williams M. D.
Medical Attendant.

Address, 17 Patterson Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

Permit No. 33547

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Coats (Coates)

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 698 Hanover St

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above Information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, July 15th/79

Thornton Coale M. D.
Medical Attendant.

Undertaker, C. F. Krauel

Place of Business, 209 Hanover *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33518

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 18 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucas Smith (Blair)

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ... *Years,* One *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Nothing

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, { Give street and number } 130 Gay St Street

Cause of Death { First, (Primary,) Cholera Infantum

Second, (Immediate,) Meningitis

Duration of last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 15 1879

Undertaker, J. H. Chase

Place of Business, 138 Howard St

J. D. Lyon M. D.
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 33549

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Israel Mingus

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, ——— *Years,* 2 *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} [illegible]

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 221 W Fayette St

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} 221 W Fayette St

Cause of Death, { First (Primary,) / Second (Immediate,) } Entrasusceptio

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery Bel-Air Road

Date of Burial, July 16th 1879

Undertaker, Joseph T Byrne

Place of Business, 59 n Liberty *Address*

C W Chew M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33550

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 15 1879 BALTIMORE

Date of Death, July 14 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Green

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 40 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dallas

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number} City Hospital

Cause of Death First, (Primary,) Chronic Pyaemia

Second, (Immediate,) Asthenia

Duration of last Sickness, 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemety

Date of Burial, July 15th 1879

David Streett M. D.
Medical Attendant.

Undertaker, P. Mullin

Place of Business, Conbridge & *Address,* City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3355

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1881 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Gustav Fry

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 7 weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 114 West L.

Cause of Death, First, (Primary,) Convulsions,

Second, (Immediate,) since birth

Duration of last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery,

Date of Burial, July 15th

Undertaker, E B Earle

Place of Business, 411 Light St.

M. D.
Medical Attendant.

Address, 108 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33552

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Lisa Alexander

Sex, Male or Female, {cross out the word not required in this line.}

Age, 33 *Years,* 4 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cecil Co Maryland

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} 369 N Bond st

Cause of Death First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetery

Date of Burial, July 17/79

Undertaker, Samuel H. Maude

Place of Business, 35

W. B. Bloomer M. D.
Medical Attendant.

Address, Harford Cor Bill

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 83553

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Bailey

~~Sex~~ *Male or Female,* {Cross out the words not required in this line.}

Age, ... *Years,* — two — *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No. 426 Madison Avenue.

Cause of Death, First (Primary,) Cholera Infantum (Serous)

Second (Immediate,) Exhaustion

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 16th 1879

Undertaker, [illegible]

Place of Business, [illegible]

[illegible] M.D.
Medical Attendant.

Address, No. 16 N. Liberty Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 33132

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Gosling.

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 5 *Days.*

Color, white

~~Married~~, *Single,* ~~Widow or Widower.~~ {Cross out the word not required in the latter.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} 289 S. Bond St.

Cause of Death, First, (Primary.)

Second, (Immediate,) Trismus Nascentium

Duration of last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Trinity

Date of Burial, July 15th

Undertaker, Leonhard Kunz

Place of Business, 277 S Bond St

Aug. F. Erich M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a Full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33555

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gertrude Blondell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, 21 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 52 Division St

Cause of Death { First, (Primary,) Scarletina

Second, (Immediate,) Albuminuria

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, July 16th

Undertaker, [illegible]

Place of Business, [illegible]

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 33556

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. JUL 15 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta & Chas. P. Robinson

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Parents

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 4 Clarks Ct

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Asthenia

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, July 16th 1879

Undertaker, W. H. Bishop

Place of Business, Druid Hill Ave

James A Steuart M.D.

Address, Comm'r of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Exam'd. C. Weinman

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michel N. Doyle.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 382 S. Charles St.

Cause of Death {First, (Primary,) Cholera Infantum

{Second, (Immediate,)

Duration of last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, July 16th 1879

Undertaker, C. F. Krause

Place of Business, 209 Hanover

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33558

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14 July

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minia Berner

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 28 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wirtemberg Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number} No 13 Port street first ward

Cause of Death { First, (Primary,) Chronic Dysentery & Miscarriage
Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, July 16 1879

Undertaker, Chas. Lauer

Place of Business, 250 Canton ave

H. Lurtz, M. D.
Medical Attendant.

Address, 12 Port st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33559

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Button

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, In Life

Place of Death, {Give street and number} 73. N. Ann St.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 16th

Undertaker, Fry & Leo

Place of Business, 57 & Broadway *Address,* 137 Caroline St

B. L. Cruse, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of

Permit No. 33760

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 15 1879 BALTIMORE

Date of Death, July 13th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Driscoll

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, white

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland 25 years in U S

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 176 N 7 alley

Cause of Death, {First (Primary,) Intemperance

Second (Immediate,) Apoplexy [illegible]

Duration of Last Sickness, Until death

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, July 16th 1879

Undertaker, John F. Weaver

Place of Business, #22 W. Fayette St

Edwin R Wallis M.D.

~~Medical Attendant.~~

Address Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Edward Banks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 13 *Months,* 9 *Days.*

Color, Coulard *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1 Mechanic Court

Cause of Death, {First (Primary,) / Second (Immediate,)} pressure Teething

Duration of Last Sickness, 10 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary Rich Sappington M. D.

Date of Burial, July 15 1879 Medical Attendant.

{*Undertaker,* Charles A White

{*Place of Business,* 35 Granby st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33562

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1879

Full Name of Deceased, {White legibly and spell correctly. If an infant not named, give names of parents.} Walter Addison

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 3 Weeks 1 Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give street and number.} 616 W. Fayette St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cramp Colic

Duration of Last Sickness, 3 Weeks 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 16/79

Undertaker, Hughes & Co

Place of Business, 350 W Fayette St

Lemuel M Wood M. D.
Medical Attendant.

Address No 203 N Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 33163

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Robinson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* Six *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 118 S. Gilmor St. Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 118 S Gilmor St

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Convulsions

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 16 1879

Undertaker, Jos H. Loane *Address* 36 Madison ave

Place of Business, "Fremont Balto st

A. F. Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence Smarbock

Sex, Male or Female, {cross out the word not required in this line.}

Age, 71 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number} e/o 50 Woodyear st.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Senile decay.

Duration of last Sickness, Bad Health for sometime

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, July 16th 1879

Geo. C. Lee M. D.
Medical Attendant.

{ *Undertaker,* L. A. Kerchner
{ *Place of Business,* S. Carroll Ave. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore

Permit No. 33565

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday, July 15th 1879; 2 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Julia Alberta Lange

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 6 mo *Years,* 5 & 6 *Months,* 2 & 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} No 44 Main Street

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} (No number) Ramsay St. North side, 5th (illegible) Canal

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three (3) weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 16th

Undertaker, B. Hazle

Place of Business, 411 Light St

Wm H. Schaffer M.D.

Medical Attendant.

Address, 106 Columbia Avenue

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 33566

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Joseph Thadeus Abel

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md

Duration of Residence in the City of Baltimore, since Birth.

Place of Death, {Give street and number} # 355 E. Lombard St.

Cause of Death, First, (Primary,) Measels followed by

Second, (Immediate,) Congestion of the Brain & Convulsions.

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cem.

Date of Burial, July 16th

Undertaker, ____

Place of Business, ____

John H. Rehberger M. D.
Medical Attendant.

Address, # 243 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Tracy L Cumming

Sex, Male or Female, {cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 36 yrs.

Place of Death, {Give street and number} 67 Bat. ave.

Cause of Death, {First, (Primary.) Cancer

Second, (Immediate.) Ulcer-Sarcoma of the face 2 mos.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, July 17

R. L. P. Ellis M. D.
Medical Attendant.

Undertaker, Tracy & Dennis

Place of Business, No 202 Light st Address, 315 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 33568

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15 July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Wallace Bennett

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, *Years,* ——— *Months,* 5 *Days.* 8

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number} No. 33 N. Exeter St

Cause of Death {First, (Primary,)

{Second, (Immediate,) Convulsions

Duration of last Sickness, Six days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial. July 16th

Undertaker, [illegible]

Place of Business, 511 Broadway

S. H. Martin M. D.
Medical Attendant.

Address, E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on t

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July. 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Crow

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Thirty Nine *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Boatman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} P. S.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Foot Union Dock

Cause of Death, First, (Primary,) Drowning

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Salem Methodist Ceme

Date of Burial, July 18th 1879

Undertaker, Thos S Hooks

Place of Business, 1[illegible] E Baltimore St

D. C. Leland M. D.
Medical Attendant.

Address, Corner E. First,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

...ne Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 33570

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Neal

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 83 Hanover Lane

Cause of Death, { First, (Primary.) ____ Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Ft. B. Patapsco

Date of Burial, July 15 1879

Undertaker, F. A. Kershaw

Place of Business, S. Conkling

J. Thomas Clemens M. D.

~~Medical Attendant.~~

Address, Commissioners Health Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Elam & Joe Clemens

[OVER.]

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Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice J Mason adopted (Parents)

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 10 Tiernans Row foot of Mineral St

Cause of Death, First, (Primary.) Spasms

Second, (Immediate.)

Duration of last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, Old Fort cemetery

Date of Burial, 15th July 1879

Undertaker, H. A Kuchnes

Place of Business, S Carrollton

James A Steuart M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Joseph Tansard M.D.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 33572

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Button

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 44 Cornylia St

Cause of Death {First, (Primary,) Scarletina

Second, (Immediate,)

Duration of last Sickness, 19 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery *Hooper* M. D.

Date of Burial, July 17 Medical Attendant.

Undertaker, B. Earle

Place of Business, 411 Light St. *Address,* N. E. Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 33573

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Brown

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* One *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 10 Pine alley

Cause of Death, First, (Primary,) Convulsions (Artificial

Second, (Immediate,) Dysentery

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, W. Pratt Cemetery

Date of Burial, July 15th 1879

James A. Kleinschmidt M. D.

Undertaker, J. A. Kershner

Place of Business, Carrollton Av *Address,* Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by D. O. Fitzpatrick

(OVER.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimor

Permit No. 33574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Birchmeadd

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Gilder

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give street and number} University Hospital

Cause of Death {First, (Primary,) Retinitis Pulmonum Dyscrasia Tuberculosis

{Second, (Immediate,) Asthenia

Duration of last Sickness, 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, Wes. Public Cemetery.

Date of Burial, July 15, 1879.

Undertaker, Fred. L. Kershner

Place of Business, 50 Lanvallon Ave

C. B. Brune M. D.
Medical Attendant.

Address, Reservoir Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 33575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cindred Jackson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Universal Hospital

Cause of Death { First, (Primary,) Syph. 3rd Stage Ulceration of elbow
Second, (Immediate,) Tuberculosis.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W.S. Pub. Cemetery.

Date of Burial, July 15, 1879

Undertaker, F. C. Lorchner

Place of Business, 50 Carrollton Ave *Address,* Universal Hospital

T. B. Keene M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 33576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann Renlein

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 29 *Years,* 6 *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} No 103 N. Cambridge St.

Cause of Death, First (Primary,) Cancer of Rectum

Second (Immediate,) Gradual Exhaustion

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemty

Date of Burial, July 18th

Undertaker, H. Frechlich

Place of Business, 246 Eastern Ave

E. P. Bons M. D.

Medical Attendant.

Address, #406 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to [illegible]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Th. H. Kemp

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.)} 186 Harford Av.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 186 Harford Av

Cause of Death {First, (Primary,) Acute Hydrocephalus
Second, (Immediate,)}

Duration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 16 th

Undertaker, [illegible]

Place of Business, [illegible] *Address,*

S. T. Coyner *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL S

Permit No. ~~33~~ 578.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Williams

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} male

Age, unknown Supposed about ~~Months,~~ 3 7 3 2 0 Days.

Color, Coloured

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Hrd carried

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} 4 St James ~~Court~~ Alley

Cause of Death, {First (Primary.) Mitral Obstruction / Second (Immediate.) Dropsy and Anemia

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 16 1879

Undertaker, A Wayman

Place of Business, — Saratoga St

Irving Miller M. D.
Medical Attendant.

Address 179 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimo[illegible]

Permit No. 33579

OFFICE OF REGISTRAR OF VITAL STATI[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Sutton

Sex, Male or Female, {cross out the word not required in this line.}

Age, 74 *Years,* 5 *Months,* ..... *Days.*

Color, Col

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, White Washer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number} 339 Hoffman St

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Chronic Bronchitis

Duration of last Sickness, About a Month

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

W W Sutton M. D.
Medical Attendant.

Address, 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 33580

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur*
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased,
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza L. Thompson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 27 *Years,* 6 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 188 Maryland Avenue

Cause of Death { First, (Primary,) Pregnancy of Six Months
, Second, (Immediate,) Convulsions with effusion on the Brain

Duration of last Sickness, About 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, 17th July 1879

Undertaker, H. M. Dutton & Son

Place of Business, 16 Light St

Jos: Lloyd Martin M. D.
Medical Attendant.

Address, 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 33581 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16 July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thos E Howard

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 0 *Years,* one *Months,* — *Days.*

Color, Wh

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, — Was born here

Place of Death, {Give street and number} 307 Eastland St extended

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 16. 1879

Undertaker, John C. Jones

Place of Business, No 63 Balt St

G Lane Tanevhill M. D.
Medical Attendant.

Address, 129 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimo[illegible]

Permit No. 33582

OFFICE OF REGISTRAR OF VITAL ST[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 16 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, July 15th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Walker.

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* ____ 8 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ____

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Nursery and Childs Hospital

Cause of Death, { First, (Primary.) Hydrocephalus

{ Second, (Immediate,) Convulsions.

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 16th 1879

Undertaker, Jno. H. H. Blizzard

Place of Business, 201. Penn ave

L. F. Bryan M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER]

Board of Health, City of Baltim

Permit No. 33583 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *out*, to the Undertaker or other person superintending the burial. within *twenty-four hours* after the death of said sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1919 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 9:30 A. M. 1919

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ezra Penning

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 78 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married Widow

Occupation, XXX

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany Philadelphia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 141 S. Exeter Street

Cause of Death First, (Primary,) Cholera Morbus.

Second, (Immediate,)

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Ft. Holmes.

Date of Burial, July 17th

Undertaker, H. Fuchs

Place of Business, 33 Bank St.

James E. Daniel M. D.
Medical Attendant.

Address, 299 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 33584

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificat... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry G. Hirstlet

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 56 *Years,* ____ *Months,* ____ *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Brot Hecker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number} 12 E Gould St.

Cause of Death, First, (Primary,) Heart disease

Second, (Immediate,) Haemorrhage

Duration of last Sickness, 15 minutes.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, July 16

Undertaker, Joseph Byrne

Place of Business, 63 Frankstr

Abram B Arnold M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set... ...g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per... deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 33585

The Physician who attended any person in a last illness is responsible for the presentation of this Cer... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the de... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Pollard Perry

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, *Years,* 9 *Months,* 12 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow* or *Widower*~~: { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number. } 371 William st

Cause of Death, { First (Primary,) Colitis / Second (Immediate,) Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 16th 1879

{ *Undertaker,* Joseph D. Cook / *Place of Business,* 707 W. Baltimore st — *Address* 47 Edmondson Ave

G. Gibbons *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltim

Permit No. 33586

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu- out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Males Henrick

Sex, Male or Female, {cross out the word not required in this line.}

Age, 88 *Years,* ..... *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland (we don't know where

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the

Cause of Death {First, (Primary,) Old age Poor Cor. John and Valley Sts

{Second, (Immediate,) General Debility

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 17th 1879

Undertaker, Henry Schultheis

Place of Business, *Address,*

H. A. Warner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

Permit No. 33587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Miller

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 40 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, School Teacher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balti.

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Pulmonary Tuberculosis
Second, (Immediate,) Asthenia

Duration of last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, new Cathedral cem

Date of Burial, July 17 1879

Undertaker, I. & B. Cook

Place of Business, W. Balto St

David Hewes M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to duty of the Physician who attended during the death to the Undertaker or other persons superintending the burial, a Certificate setfurnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

Permit No. 33588

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15/79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaretta Connell

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 9 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Saratoga St near Republican

Cause of Death { First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 16 th 1879

Undertaker, I B Cook

Place of Business 1070 W Baltimore Street

W J Kegeeler *M. D.*
Medical Attendant.

Address, 1 W Fayette Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltim

OFFICE OF REGISTRAR OF VITA

Permit No. 33589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16 July

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Ryland

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 69 ~~7m~~ *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 100 Townsend St

Cause of Death { First, (Primary,) Jaundice
Second, (Immediate,) Several years

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, July 17/79

{ *Undertaker,* H. W. Jenkinson
{ *Place of Business,* 16 Light St

Wm. Whitridge M. D.
Medical Attendant.

Address, Cor Charles & Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 33590

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benedict Moore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* About 2 weeks *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Unknown — (foundling)

Duration of Residence in the City of Baltimore, do.

Place of Death, {Give street and number.} No 40 Cohen alley

Cause of Death, First (Primary,) Inanition

Second (Immediate,) Paralysis

Duration of Last Sickness, Life

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 16 1879

Undertaker, John D. Jordan

Place of Business, —

R. H. Mifflin M. D.

Medical Attendant.

Address 64 N. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burinl, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL S

Permit No. 33591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Paulina Goodrick

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, One *Years,* ——— *Months,* ——— *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 44 N. Chapel St

Cause of Death, { First (Primary,) } Cholera Infantum

{ Second (Immediate,) } Hydrocephalus

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 17th 1879

Undertaker, Ambrose Hanlon

Place of Business, 249 E Lombard St

Thomas P. Evans M.D.

Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITA

Permit No. 33592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Jacob Erbing

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 2 *~~Days~~* Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number} 125 N. Caroline St.

Cause of Death {First, (Primary.) Ulceration of the Bowels.
Second, (Immediate,) Convulsions

Duration of last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, 17 July 1879

Undertaker, W. H. Nicholas

Place of Business, 258 Aliceanna, *Address,* 189 Caroline St.

D. Glenn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL S

Permit No: 33593

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Baltimore Hoar

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 3 Gittings court

Cause of Death, { First, (Primary,) Chorea

Second, (Immediate,) Exhaustion

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 17th

Undertaker, F. N. Troll

Place of Business, #131 Hanover St

Address, 101 Light St

[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

Permit No. 33594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Decedent, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schene.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 100 Battery Av.

Cause of Death { First, (Primary,) Cholera Infantum.
Second, (Immediate,)

Duration of last Sickness, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 18th 1879. a. m.

Undertaker, Bernard Harley.

Place of Business, 409 Light St.

R. J. H. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimor

Permit No. 33595

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos W Norfolk

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 62 *Years,* ..... *Months,* ..... *Days.*

Color,

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Shipjoiner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 45 yrs.

Place of Death, {Give street and number} 32 Hamburg

Cause of Death, {First, (Primary,) Cancer - Face

Second, (Immediate,) .....

Duration of last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 18 /78

Undertaker, John Andrews

Place of Business, 4 Druid Hill Ave

R. H. P. Ellis, ... M. D.
Medical Attendant.

Address, 315 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BULLEY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 33596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar Poe Collins.

~~*Sex,*~~ *Male* ~~*or Female,*~~ {cross out the word not required in this line.}

Age, ~~*Years,*~~ 3 *Months,* 9 *Days.*

Color,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cor. Division & Laurens St Balt. Md.

Duration of Residence in the City of Baltimore, 3 month 9 days

Place of Death, {Give street and number} Cor Division & Laurens St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Asthenia

Duration of last Sickness, About 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 17

Wm Pickett, M. D.
Medical Attendant.

Undertaker, Walter Immel

Place of Business, 252 W Baltimore *Address,* 520 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITA

Permit No. 33597.

The Physician who attended any person in a last illness is responsible for the presentation of this Certifica... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Young

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City Legal birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 11 Canton 2nd door Centre - Visual Meningitis

Cause of Death First, (Primary.) asthenia

Second, (Immediate,)

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cemetery

Date of Burial, July 17th 1879

Undertaker, Fry & Zell

Place of Business, 67½ Broadway *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33598

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Woolberry

Sex, Male or Female, {cross out the word not required in this line.} F

Age, ... *Years,* One *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Entire

Place of Death, {Give street and number} Mt Kelderry Pl & Hunted

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, July 17th

Undertaker, Fry & Bro

Place of Business, 57 & Broadway

H. E. Russell M. D.
Medical Attendant.

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Hawkins

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age; *Years,* 2. *Months,* 9. *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number} 134 Pine Ave

Cause of Death {First, (Primary,) Cholera Infant.
Second, (Immediate,)

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 17. July

L. C. Horn M. D.
Medical Attendant.

Undertaker, C. Henschel.

Place of Business, 48 Penn. Ave. *Address,* Calhoun & Myrtle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 12 1879 BALTIMORE

Date of Death, July 10. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Ellenbrock

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death { First, (Primary,) Malden
Second, (Immediate,) Spasm
Laryngitis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, N. Alphonsus Cem.

Date of Burial, July 18 th

Undertaker, W. Tippel

Place of Business, 1. Bond st. 151

Martin Brown M. D.
Medical Attendant.

Address, 2 & 4 N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

Permit No. 33601

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL. 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Facob~~ Krustner Karl

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} M

Age, *Years,* 9 *Months,* *Days.*

Color,

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hamburg Hanselaburg

Duration of Residence in the City of Baltimore, Fourteen days

Place of Death, {Give street and number.} 134 N Spring St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) Head Wasser, raised water on the Brain, was born in Germany

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Center & Green Mount

Date of Burial, July 18 1879

M. D.
Medical Attendant.

{*Undertaker,* Henry Floeckner

Place of Business, 309 Central Ave

Address Eto 27 N Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Hayward

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Five *Months,* ——— *Days.*

Color, Black *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 85 Moore alley

Duration of Residence in the City of Baltimore, Five months

Place of Death, {Give street and number.} No. 45 Moore alley

Cause of Death, First (Primary,) Debility

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery F. B. Gardner M. D.

Medical Attendant.

Date of Burial, July 17th 1879

Undertaker, Wm. P. Gray

Place of Business, 65 Mulberry St. *Address* 120 W. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} C. J. Smith

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, col *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 12 St. Paul

Cause of Death, First (Primary,) ____

Second (Immediate,) Dysentery 4 days

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Saint Dominics

Date of Burial, July 17. 1879

Undertaker, John C. Jacobs

Place of Business, 63. Park Av *Address* 71. Franklin St

F. H. McManus *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Franklin

~~Sex~~, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, ____ *Years,* Five *Months,* Fourteen *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 205 S. Fremont St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 17th 1879

J. Tyler Smith M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Crawford

Sex, Male ~~or~~ Female, {cross out the word not required in this line.}

Age, Seventy two *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Corner Washington & Pratt St

Cause of Death, First, (Primary,) Heart Disease —

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y.

Date of Burial, July 16th 1879

Undertaker, Thos. J. Locke

Place of Business, 18 Jefferson St

D. C. Ireland M. D.
Medical Attendant.

Address, Coroner E. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 33606

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Goffre Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Bachelor (Said to be)

Occupation, At present time Said to be a pauper None formerly

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 59 Years.

Place of Death, {Give street and number.} 456 E. Baltimore

Cause of Death, First (Primary,) Senile Bronchitis.

Second (Immediate,) Strangulation.

Duration of Last Sickness, About 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 17, 1879

Undertaker, M. A. Dwyer.

Place of Business, 74 S. Broadway

C. E. Stein, *M. D.*
Medical Attendant.

Address 195 N. Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Louisa Scott

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* Six *Months,* ____ *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 4 Gilbert Street

Cause of Death, { First (Primary.) ____ / Second (Immediate.) Cholera Infantum

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, July 17th 1879

H. S. Bowie M. D.
Medical Attendant.

Undertaker, Wm. H. Dunger *Address* 175 Arlington Ave

Place of Business, 1062 East 2d

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 33608

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday July 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Thomas Jamie Savington

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, _____ *Years,* _____ *Months,* 8 *Days.*

Color, Negro

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, _____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 38 Holliday st

Duration of Residence in the City of Baltimore, 8 days

Place of Death, {Give street and number.} 38 Holliday st

Cause of Death, {First (Primary,) Malnutrition inutero

{Second (Immediate,) Prematurity

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17th 1879

{*Undertaker,* Wm. N. Dunzer

{*Place of Business,* No 62 East st

Edwin Coe M.D.

Medical Attendant.

Address 57 N. Calvert st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Kraus

Sex, Male or Female, {cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Days

Place of Death, {Give street and number} 694 Fayette st

Cause of Death First, (Primary.)

Second, (Immediate.) Overcome with heat

Duration of last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus cemetery

Date of Burial, July 18th 1879

Undertaker, J B Cook

Place of Business, No 707 N Baltimore Street

Geo G Cole Conner, M. D.
Medical Attendant.

Address, 329 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33610

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Lessig

Sex, Male or Female, { cross out the word not required in this line. }

Age, 54 *Years,* 2 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, { Give street and number } 87 Hanover st

Cause of Death, { First, (Primary,) Second, (Immediate,) } Erysipelas Supervening upon Old Disease

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 18 1879

Gordon Co D. M. D.
Medical Attendant.

Undertaker, Charles F. Herrold

Place of Business, 161 Hanover *Address,* 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony Thomas

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* 4 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number} 316 Hanover

Cause of Death, {First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Wesleyan Cemetery

Date of Burial, Friday July 18th

Rich. T. Ellis *M. D.*

Medical Attendant.

Undertaker, Thos. R. Keighler

Place of Business, 111 E. Balto *Address,* 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Crothers

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 34 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give street and number.} Church Home & Infirmary

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,) Oedema

Duration of Last Sickness, all his months

All the above information should be furnished by the Physician.

Place of Burial, Bose Burial County

Date of Burial, July 17 1879

{*Undertaker,* Frost & Heath

{*Place of Business,* 141 E Balto

Chas Ullrich M. D.
Medical Attendant.

Address, 101 E Balto

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33613

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca T. Livingston

Sex, Male or Female, {cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Massachusetts

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and number} 199 Bolton St

Cause of Death { First, (Primary,) Old age

Second, (Immediate,) Extreme Heat

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Boston Mass

Date of Burial, July 19, 1879

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St.

Thomas Shearer M. D.
Medical Attendant.

Address, 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Anderson

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 42 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Marys Co Md.

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give street and number} 9 Raymond Aly

Cause of Death First, (Primary,) Pop Anuism

Second, (Immediate,) Gangrene

Duration of last Sickness, 6 mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, July 17th

Undertaker, Charles A White

Place of Business, 35 Granby St

Geo. S Kinneman M. D.
Medical Attendant.

Address, 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death. 16 of July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Smothers

Sex, ~~Male~~ Female, {Cross out the words not required in this line.}

Age, 4 Weeks ~~Years,~~ ~~Months,~~ *Days*

Color, Colard

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, X

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 33 Charts St Baltimore

Cause of Death, {First (Primary,) Summs Complaint

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, July 17 th

{*Undertaker,* Charles A. White

{*Place of Business,* 35. Granby

H M Caulk M. D.
Medical Attendant.

Address, No 36 Davis st
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33616

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret E. Royston

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, Forty five *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number} 79 Chew St

Cause of Death, First, (Primary,) Hereditary

Second, (Immediate,) Consumption

Duration of last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, near Phoenix Balto Co

Date of Burial, July 17th

Undertaker, Fry & Bro

Place of Business, 54 N Broadway

Milton Taylor M. D.
Medical Attendant.

Address, Broadway & McElderry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transit 1473

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 14 BALTIMORE

Permit No. 33617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Wallace

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 78 *Years,* ——— *Months,* ——— *Days.*

Color, colored

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 102 N. S. Spring Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Senile Decay

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Eastern Ave Cem

Date of Burial, July 17 1879

James H Chew M. D.

~~Medical Attendant.~~

Undertaker, Pat. Meelleis

Place of Business, Lombard

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Wm E Taylor [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday July 16 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wm. Myers

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 8 *Years,* 7 *Months,* 11 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Seven months

Place of Death, {Give street and number} No 5 Little Carroll Street between Republican & Carroll Lou 940 Pattison's Private Hospital

Cause of Death { First, (Primary,) Exhaustion
Second, (Immediate,)

Duration of last Sickness, Seven Months

All the above Information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, July 17 1879

Undertaker, J. A. Kerchner

Place of Business, S. Carrollton Av *Address,* 245 Saratoga St

Jos L. Kemp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Hagerty

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 8 Hall st

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, July 17 1879

Undertaker, James H Byrne

Place of Business, No 63 n Front St

E. L. Russell M. D.
Medical Attendant.

Address, Broadway & Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen A. Carrol

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 4 Ce *Years.* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Clare

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 240 N Front St

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart disease

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery G. B. Reynolds M. D.
Medical Attendant.

Date of Burial, July 17th 1879

Undertaker James D Byrne *Address*

Place of Business, No 63 N Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3364/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Zeller

Sex, Male or Female, {cross out the word not required in this line.}

Age, 60 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Store Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number} 161. German St

Cause of Death First, (Primary,) Valvular Disease of the Heart

Second, (Immediate,) —

Duration of last Sickness, About One Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 18th 1879

Undertaker, Philip J. Dill

Place of Business, 183. Columbia st

Edwd F. Mulholland M. D.
Medical Attendant.

Address, 279. W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 33622

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16 July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John L. Slangier

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 59. *Years,* *Months,* *Days.*

Color, white *Sex,*

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and number.} Phthisis 184 Scott St

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,) debility &

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 18 1879

{*Undertaker,* Philipp J. Dill

{*Place of Business,* Columbia Av 183

Geo. G. Brewer M. D.
Medical Attendant.

Address 258 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33623

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 17 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion Tindal

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and number} 243 Fort ave

Cause of Death, {First, (Primary,) Tumor (of the abdomen)
Second, (Immediate,) 3 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 18 1879

Undertaker, B Hearle

Place of Business, 411 Light St. *Address,* 36 Light St

R. H. P. Ellis, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 33624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph D Yoe

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 135 West St.

Cause of Death, First, (Primary,) indigestion

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days –

All the above information should be furnished by the Physician.

Place of Burial, B. Olivet Cemetery.

Date of Burial, July 18th

Undertaker, B. Earle

Place of Business, 411 Light St.

Schmidt M. D.
Medical Attendant.

Address, 108 E. Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 33625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Ann Berry

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 8 Goulds Lane

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 18 1879

Undertaker, R. Lee Reed

Place of Business, 16 Hanover St

Augustus N. Dodge M. D.
Medical Attendant.

Address, 201 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 33626

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parente.} Julia Baker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, About 20 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 9 Morris alley st

Cause of Death, First (Primary,) Typhoid Fever.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pcch Cemetery

Date of Burial, July 17 1879

Undertaker, F. A. Kershaw

Place of Business, ———

W. N. Baker M. D.
Medical Attendant.

Address 152 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. E. Backman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, about 60 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Pattern Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, about 60 yrs

Place of Death, {Give street and number} 57 McHenry St

Cause of Death, First, (Primary.) Suicide by a

Second, (Immediate,) Pistol Shot

Duration of last Sickness, about 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 18th 1879

R. C. Lee M. D.
Coroner S. D.

Undertaker, Wm. J. McKeon

Place of Business, 65 S. Eutaw

Address, N. W. cor Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 23628

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ... *M. D.*

Medical Attendant.

Undertaker, ...

Place of Business, ... *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 35629

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

Date of Death, July 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leasser Kramer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* [illegible] *Months,* [illegible] *Days.*

Color,

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Junking & Leaching

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bedenhoff Prussia

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and number.} 132 Eastern Avenue

Cause of Death, {First (Primary,) ... Senile Cachexia / Second (Immediate,) Exhaustion

Duration of Last Sickness, Six weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Hebrew

Date of Burial, July 18 79

Undertaker, [illegible]

Place of Business, 55 Bank St

E Geo Walls M. D.
Medical Attendant.

Address 27 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Death of Death, City of Baltimore,

Permit No. 33630

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Assman

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 33 *Years,* ~~33~~ 2 *Months,* 21 *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Liebelsdorph

Duration of Residence in the City of Baltimore, 6 1/2 yrs

Place of Death, {Give street and number.} 388 W. Pratt St

Cause of Death, First (Primary,) Apo Stroke.

Second (Immediate,) Cerebral Congestion

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mount Zion Cem.

Date of Burial, July 19th 1879

F. G. Ridgely M. D.
Medical Attendant.

Undertaker, G. Gimbel

Place of Business, 397 W. Pratt St.

Address 162 W. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL S[illegible]

Permit No. 33631

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 10½ A.M. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Fisk.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2. *Years,* 7. *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Porter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Lommaran Bayern Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 28 S. Bethel St.

Cause of Death, First, (Primary,) Pneumonia (acute)

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, July 18 79.

Undertaker, John Hennig.

Place of Business,

James E. Donald M. D.
Medical Attendant.

Address, 2996 Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 33632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Pfeffer

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Store Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number} 82 N Amity

Cause of Death {First, (Primary,) Congestive Apoplexy

Second, (Immediate,) Nervous "

Duration of last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 18 79

Undertaker, John Hennig

Place of Business, 382 Orleans St. *Address,* Broadway & Madison St

Wm. E. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Reverse of this Blank.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33633

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July. 16- 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Norwood Lowndes

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 185 N. Carrollton Ave

Cause of Death { First, (Primary,) Meningitis

Second, (Immediate,) Asthenia

Duration of last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt. Cy.

Date of Burial, July. 18/79

Undertaker, Edward A. Maund

Place of Business, 38 Park Ave *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lindeman

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} # 244 S. Durham St.

Cause of Death, First, (Primary,) Internal convulsions.

Second, (Immediate,)

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

John H. Rehberger M. D.
Medical Attendant.

Undertaker,

Place of Business, Address, # 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Nelson Arnuiga

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 52 Barnet

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Dr Chester Comy

Date of Burial, July 19th 1879

J. W. Webster M. D.
Medical Attendant.

Undertaker, Kinsley & Denny

Place of Business, 263 Light St

Address, 57 Barnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Barnet 1475

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Melvin A. Hamilton

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 32. Edward St

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) Cerebral Infantum

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 18th 1879

Undertaker, W. M. Dunger

Place of Business, East St

Thomas H. Clement M. D.
~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Exam'd by — John A. Coulter

SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 3363

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie B. Gardner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* One *Months* six *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto: City Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 258. Mulberry St

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 18th

A. F. Bell M. D.
Medical Attendant.

Undertaker, Peter Rummel

Place of Business, 317 Bailey St Address 306 Marion Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SA

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 33638

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna D. Ryan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* One. *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} Cor High & Exeter sts

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Effusion & Brain

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 18th 1879

H. P. Yeats M. D.
Medical Attendant.

Undertaker, Ged Schilling

Place of Business, Kinsmith & Mone

Address 133 N. Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Phy...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Louisa Dorf

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 47 *Years,* 10 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 27 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} School, Entaw & Belair Avenues

Cause of Death {First, (Primary,) Epithelial Cancer of the Cervix Uteri.
Second, (Immediate,) Marasmus.

Duration of last Sickness, Six (6) Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, July 18th 79

Undertaker, Kane & Kahle

Place of Business, 129 N. Baltimore

Jno Selous M. D.
Medical Attendant.

Address, S.E. Cor Eager & Arlington Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 33640

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William N. Schlenker

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 277 Sharp St.

Cause of Death {First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 18 1879

R. J. H. Tall M. D.
Medical Attendant.

Undertaker, Peter Kennedy

Place of Business, 311 Lombard *Address,* 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE JUL 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Hoffman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* 10 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 68 Cross St

Cause of Death, First, (Primary.) Scarlatina

Second, (Immediate,) Odema of the Lungs

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery | *By* Gordon Coale *M. D.*

Date of Burial, July 18th 1879 | Medical Attendant.

Undertaker, Harle

Place of Business, Light St near Water | *Address,* 46 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 33642

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elonna Edener

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 1 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 11 Haw St.

Cause of Death, {First (Primary,) Diarrhea

Second (Immediate,) 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

R. C. Lee M. D.
Medical Attendant.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33643.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James F. K. Bailey

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 11 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 29 Hillen st

Cause of Death, { First, (Primary.) ..... Second, (Immediate,) Dysentery

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 15th

Undertaker, B. Hale

Place of Business, 411 Light St Ext

Thos. Buck M. D.
Medical Attendant.

Address, 46 Hillen st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Holmes

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole

Place of Death, {Give street and number} 2 Hagner Ct

Cause of Death, {First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, July 18 1879

Undertaker, Charles A White

Place of Business, 35 Granby st

Silas N. Hunter M. D.
Medical Attendant.

Address, 36 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33645

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Mc Alister

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 12 *Years,* 6 *Months,* 2 *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, About 5 7/12 yrs

Place of Death, {Give street and number} 64 Holland street

Cause of Death, First, (Primary,) Hepatic Congestion

Second, (Immediate,)

Duration of last Sickness, Had been complaining for Several Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, July 18th 1879

H Darley *M. D.*
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,* 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 33646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Stripler

Sex, Male or Female, {cross out the word not required in this line.}

Age, *Years,* 9 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number}

Cause of Death { First, (Primary,) Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, July 18th

Undertaker, Mary Snyder

Place of Business, 252 Central Ave *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Malfelde.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, Wh.

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Laborer.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years.

Place of Death, {Give street and number} 536 Hanover St.

Cause of Death { First, (Primary,) Old Age —
Second, (Immediate,)

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Trinity Church Cem

Date of Burial, July 18th 1879

Undertaker, Julius Koehler

Place of Business, Sharp & Cross

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks [illegible]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33648

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JUL 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mates Williams

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* One *Months,* 13 *Days.*

Color, ~~col~~

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} East 92½

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Trismus Neonatum

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 18th 1879

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, Wm M. Dunger

Place of Business, 1061 East St *Address,* 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S...

Permit No. 33647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David A. Petty

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* 8 ~~Mos~~ *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Builder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 7 N. Broadway

Cause of Death, {First (Primary,) Paralysis

{Second (Immediate,) Paralysis

Duration of Last Sickness, Several Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 19th July 1879

{*Undertaker,* Henry W. Jenkins & Son

{*Place of Business,* # 16 Light St.

W. P. McManus M. D.
Medical Attendant.

Address 71 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33650

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Foster Coltz

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 233 English

Cause of Death, {First (Primary,)} Cerebro Spinal Fever to [illegible]

{Second (Immediate,)} effusion Water — Convulsions

Duration of Last Sickness, 15 Hrs

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, July 18 79

{*Undertaker,* H. Kent

{*Place of Business,* 75 Paca St.

C. F. Cate *M. D.*
Medical Attendant.

Address, 235 English

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33657

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea M. Smith

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 2 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Trenton N.J. Nova Scotia

Duration of Residence in the City of Baltimore, two weeks

Place of Death, {Give street and number.} No 403 E. Lombard St

Cause of Death, {First (Primary,) Bilious Fever (Malignant)
Second (Immediate,) and Prostration from}

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 18. 1879

{*Undertaker,* M. J. Dwyer
Place of Business, 74 S. Broadway}

C. F. McCarty M. D.
Medical Attendant.

Address, 230 Gough St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 33659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Parley

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Basin, near Hughes St, Res 12 Pepper St.

Cause of Death, {First, (Primary.) Accidentally / Second, (Immediate,) Drowned}

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, St. Aloysius Cemetery.

Date of Burial, July 19th 1879

R. C. Lee M. D.
Medical Attendant.
Canton 2 D.

Undertaker, B. J. Earle

Place of Business, 411 Light St.

Address, Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 33653

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED SEP 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Magd

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 5 *Years,* 5 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 227 William St.

Cause of Death, { First, (Primary,) Rest-indigestion — Second, (Immediate,) Congestion of Brain

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery.

Date of Burial, July 18 '80

Undertaker, B. Earle

Place of Business, 411. Light St.

C. H. Smith M. D.
Medical Attendant.

Address, 108 E. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33654

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie W Crawford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 26 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 111 Howard St Baltimore

Duration of Residence in the City of Baltimore, 26 Days

Place of Death, {Give street and number.} 111 Howard St

Cause of Death, First (Primary,) Atrophy Infantum

Second (Immediate.) Bottle fed

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery H. F. Wood *M. D.*

Date of Burial, July 18 1879 Medical Attendant.

Undertaker, P. Kunnel *Address* 930 Fremont St

Place of Business, Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 33655

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalina Simon

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baiern (Germany) 40 yrs in America

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number} St Josephs Hospital

Cause of Death First, (Primary.) Cancer (Epithelioma of face -

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem'y

Date of Burial, July 19 1879

Undertaker, Henry Stocks

Place of Business, 309 Central Ave

Oscar J. Cosby M. D.
Medical Attendant.

Address, 188 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 33656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Powers

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, *Years,* 1 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 2a Vincent Infant Asylum

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Dysentery

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 19. 1879

Martin Brown *M. D.*
Medical Attendant.

Undertaker, Daniel Brown

Place of Business, 46 Division St. *Address,* 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 3365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Powers

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 8 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Collapse

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 19 1879

Undertaker, Daniel Brown

Place of Business, 256 Division St.

Charles Brown M. D.
Medical Attendant.

Address, 58 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Mathews Ebberts

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 21 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 18 S. Carey St

Cause of Death {First, (Primary,) "Diptheria"

{Second, (Immediate,)

Duration of last Sickness, Twenty three days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 18th 1879

Undertaker, [illegible]

Place of Business, No 707 N Baltimore Street

J. G. Smithson M. D.
Medical Attendant.

Address, 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday July 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrick William Shultz

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, ____ *Years,* 6 *Months,* 8 *Days*

Color, White

Married, Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore near Eutaw St

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} O'Donnell & near Eutaw St

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Diarrhea

Duration of Last Sickness, 5 Wk

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Ground

Date of Burial, July 19th 1879

Undertaker. E. Ethel

Place of Business, 24 Hill St

J. Buchanan M. D.

Medical Attendant.

Address, 28 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL S...

Permit No. 33660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marie Schwen ~~Mary Schwenk~~

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, *Years,* 48 *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, Widow *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, twenty four years

Place of Death, {Give street and number.} 50 South Eutaw St (of the house)

Cause of Death, First (Primary,) Aneurism of Subclavia & Innominata

Second (Immediate,) rupture - internal hemorrhage

Duration of Last Sickness two years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 21st

Wm. Dulaney M. D.
Medical Attendant.

Undertaker, F. & V. Tholl *Address* 131 N. Charles St

Place of Business, 131 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33661

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Native Born Slave

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 1 *Years,* *Months,* 17 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 46 Alice st.

Cause of Death, { First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 4 days.

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 19 July

Undertaker, C. [illegible]

Place of Business, [illegible]

R. F. Ellis *M. D.*
Medical Attendant.

Address, 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore.

Permit No. 33662

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 18 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Steckler

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 5 6 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Dress maker

Birthplace, {State or country, (and how long in the United States if of foreign birth.} A. A. Co Maryland

Duration of Residence in the City of Baltimore, 2 Mos

Place of Death, {Give street and number} 56 E. Hoffman St

Cause of Death, {First, (Primary,) Dysentery

{Second, (Immediate,) 2 Weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Upper Marlboro | a. a. co md

Date of Burial, July 19th | Silas N. Hinton M. D.

Medical Attendant.

Undertaker, H. Medefield

Place of Business, Gay Street | *Address,* 36 Gay Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Bailey

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, Years, 1 Month, 6 Days.

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 85 Harmony Lane.

Cause of Death { First, (Primary,) Inanition.
Second, (Immediate,)

Duration of last Sickness, about 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, 7/17/1879

Undertaker, [illegible]

Place of Business, [illegible]

R. J. H. Tall M. D.
Medical Attendant.

Address, 15 28 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Bunting

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— 7 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 7 Marion St. between Park & Howard

Cause of Death, First, (Primary.) Teething

Second, (Immediate.) Diarrhoea

Duration of last Sickness, 2 Months

All the above Information should be furnished by the Physician.

Place of Burial, ~~Bloomfield~~ Greenmount Cem.

Date of Burial, July 19th 1879

James A. Steuart M. D.

Undertaker, John L. Jordan

Place of Business, Park Ave

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by, E. Wareman [illegible]

Permit No. 33665

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

Date of Death, July 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Joseph Heinz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labour

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baden

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, {Give street and number.} 1711 Bond St

Cause of Death, {First (Primary,) Dysentery / Second (Immediate,) Collapse Exhaustion

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. E Jas Walsh

Date of Burial, July 19th 79 *M. D.*

Medical Attendant.

Undertaker, A. Franc *Address* 27 N Broadway

Place of Business, 280 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33666

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 19 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 67 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary.) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, July 18th 79

Undertaker, M. Trance

Place of Business, 280 Canton Ave

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa M. Haug

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} S. W. Cr. Hampstead & Chapel

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 17th 79

Paul A. Haug M. D.
Medical Attendant.

Undertaker, M. Frances

Place of Business, 280 Conton Ave

Address, [illegible] Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 33668

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Lewis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 44. Hanover st near Penn

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17. 1879

Undertaker, Wm James Guy

Place of Business, 68 mulberry st

E. Winslow M. D.
Medical Attendant.

Address 28 McCulloh st

Prescribed for this case 2 days ago my self & Physicians have not been in attendance this afternoon for the last 24 hours

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Downs,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 6 *Months,* 27 *Days.*

Color, Col'd *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 22 Saratoga Alley

Cause of Death, First (Primary,) Hooping Cough

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *M. D.* Medical Attendant.

Date of Burial, July 18th 1879

Undertaker, Wm. H. Jones *Address* 98 N Greene St.

Place of Business, 65 Whiting St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 33670

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William George Lindsay

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* 6 *Months,* 1 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Real Estate agent

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 232 ~~Townsend St~~ La Fayette ave

Cause of Death, {First (Primary,) Obstruction of bowels ending in Ent—

{Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, 20th July 1879

Undertaker, H. W. Jenkins & Son

Place of Business, #16 Light st.

Richd Henry Thomas M. D.
Medical Attendant.

Address Cor Eutaw & Biddle Sts
(formerly 438 Madison ave)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Kaufman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 9 Branch

Cause of Death, First, (Primary.) Scarlatina

Second, (Immediate,) Dropsy from Nephritis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, July 20th

R. J. P. Ellis M. D.

Medical Attendant.

Undertaker, C. B. Feasle

Place of Business, 411 Light St. *Address,* 36 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11 30 o'clock A M Sunday July 19th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Wesley Kelly

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. } Female

Age, 23 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~; { Cross out the words not required in this line } Married

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, During life time

Place of Death, { Give street and number. } Cor 7th & Donnell Aves Sluttell 4

Cause of Death, { First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 20th 1879

Undertaker, A. M. Gilmayer

Place of Business, 181 Lombard St

E Eschbach M. D.

Medical Attendant.

Address, 28 E Donnell Pl

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33673

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Orlando C Colson

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 26 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth,} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 5th & S. Carey Sts

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) Inanition

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bonny Brae

Date of Burial, July 19th 1879

Undertaker, John H. Weaver

Place of Business, 129 N. Paca St.

A. M. Coltman M. D.
Medical Attendant.

Address, 835 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13 — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. D. H. Roeder

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 62 *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} Aisquith St 40

Cause of Death, First, (Primary,) Influenza & Typhoid

Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, German Lutheran Zion Cemetery

Date of Burial, July 16th 1879

Undertaker, Adam Weidemeyer

Place of Business, 512 W. Baltimore St.

J. H. D. Wolfe M. D.
Medical Attendant.

Address, 28 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1879 — 1246 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Heinrich Schmidt

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 134 Orleans St

Cause of Death, First, (Primary.)

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, Six days — I saw it once

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, July 20th.

A. Gregor Sherzer M. D.
Medical Attendant.

Undertaker, F. N. Troll

Place of Business, 113 Hanover St *Address,* 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[07...]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Sheppert

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 1 Crest alley

Cause of Death, First, (Primary.)

Second, (Immediate,) Convulsions

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 20

Henderson Cook, M. D.
Medical Attendant.

Undertaker, Henry Brice

Place of Business, Hanover 11 81

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Henry Bowley

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 80 Burgundy alley

Cause of Death, {First, (Primary,) / Second, (Immediate,)} Pulmonary Tuberculosis

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17th

Undertaker, Hercules Ross

Place of Business, 95 Conway St

J H Causey M. D.
Medical Attendant.

Address, 76 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] CITY PRINTING AND STATIONERY. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Ternell

Sex, Male or Female, {cross out the word not required in this line.} M

Age, ____ *Years,* Six (6) *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Six Months

Place of Death, {Give street and number} No 90 Leadenhall

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, Fourteen (14) Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, July 19th

Undertaker, Hercules Ross

Place of Business, 95 Conway St.

Ellis Mackenzie M. D.
Medical Attendant.

Address, 150 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33679

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nora Oliver

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 83 ½ Burgundy alley

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Diarrhea

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Thasp St

Date of Burial, July 19th

Undertaker, Marcus Ross

Place of Business, 15 Courtney St.

I Hunter M. D.
Medical Attendant.

Address, 76 Lacon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Harding

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~[illegible]~~ *Years,* 7 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 196 Raborg st

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 19th 1879

E R Ware M. D.
Medical Attendant.

{*Undertaker,* Wm J Gray

{*Place of Business,* 66 W. Henry St Address 242 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33681

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Hirsch Goldsmith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Capitalist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Columbia S Carolina

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number.} Eutaw House Balto Maryland

Cause of Death, First (Primary,) Sun Stroke

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Savannah Ga

Date of Burial, July 19th 1879

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St

Jas A. Gaskins M. D.
Medical Attendant.

Address 221 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Granite 1478

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Thomas Scott

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Nineteen *Years,* *Months,* *Days.*

Color, col

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Cast driver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} No 3 McElderry Court

Cause of Death, First, (Primary.) Hereditary

Second, (Immediate,) Consumption

Duration of last Sickness, About Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 19. 1879

Undertaker, John C. Gordon

Place of Business, 863 Park Ave

Hilton H Taylor M. D.
Medical Attendant.

Address Broadway & McElderry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be It further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 19
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rachel Agnes Magaha

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. } S

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 293 Johnson St.

Cause of Death, { First, (Primary.) Cholera Infantum

Second, (Immediate,) 7 days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park. Cemetery

Date of Burial, July 20th

M. W. Ellis *M. D.*
Medical Attendant.

Undertaker, W. B. Clarke

Place of Business, 411 Light St. *Address,* 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18 Jul

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Meyer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 11 Months, 19 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 76 Albemarle Street

Cause of Death, First (Primary,)

Second (Immediate,) Spasm

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 19-1879.

Undertaker, H. Ulsterling

Place of Business, cor Town & Albemarle St

John A Schultz, *M. D.*
Medical Attendant.

Address 14 E Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Doubler

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 18 *Years,* 8 *Months,* 6 *Days.*

Color, white,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 27 S. Paca St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis,

Second, (Immediate.) Extravasation

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St Upon Cemetery

Date of Burial, 21 of July

Undertaker, John Burns

Place of Business, 197 S Durham

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. Med. Col.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 19 JUL 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Guenter

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and number} No 13 Ray st.

Cause of Death, First, (Primary,) Miningitis

Second, (Immediate,) Dropsy in

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 19th 1879

C. L. Buddenbohn M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross *Address,* 166 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER}

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary) ..... Second, (Immediate,) Cholera Infantum

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Old Saints Cemetery

Date of Burial, July 19th 1879

..... *M. D.*
Medical Attendant.

Undertaker, C. Eckhard

Place of Business, 269 Eastern Ave *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Eyres

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, ____

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} #19 Cambridge St.

Cause of Death, First, (Primary,) Cholera Infantum.

Second, (Immediate,) ____

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, July 19th 79

John H. Rehberger M. D.
Medical Attendant.

Undertaker, ____

Place of Business, ____ *Address,* #243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William F. Barry

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 61 *Years,* ..... *Months,* ..... *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Colonel 2d U.S. Artillery

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York City N.Y.

Duration of Residence in the City of Baltimore, over 2 years

Place of Death, {Give street and number} Fort McHenry

Cause of Death, First, (Primary,) Exhaustion from Dysentery

Second, (Immediate,) Remittent Fever 13 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Buffalo City N.Y.

Date of Burial, July 19 1879

J. H. Stubbs M. D.
Medical Attendant.

Undertaker, H. C. Jenkins

Place of Business, Light St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1477

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josiah Blake

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Sixty three *Years,* one *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Brick Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Somerset Co Maryland

Duration of Residence in the City of Baltimore, Twenty four Years

Place of Death, {Give street and number} 112 Welcome Alley

Cause of Death First, (Primary.) Exposure to dampness

Second, (Immediate,) Spinal Meningitis

Duration of last Sickness, four Days

All the above information should be furnished by the Physician.

Place of Burial, Sharps St Cemetery

Date of Burial, July 19 1879

Undertaker, Owens & Whitby

Place of Business, 225 S. Eutaw St

J. D. Dyer *M. D.*
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Magdalene Magruder

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, [illegible] *Years,* 6 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 1 N. Bruce St

Cause of Death First, (Primary,) Tubercular Consumption

Second, (Immediate,) Acute Phthisis Pulmonalis

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, July 20

W. Duguelin M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 West Baltimore St. *Address,* McCaffrey & Adams

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne L Reed

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 20 *Years,* 6 *Months,* 1 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Dress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cecil

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number} 160 Lemmon st

Cause of Death { First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 20

Undertaker, J B Cook

Place of Business, 707 West Baltimore *Address,* 582 W Lemmon st

Paul Gantzlin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Gill

Sex, Male or Female, {cross out the word not required in this line.}

Age, Ninety One *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Lace

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 91 S. Eden

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) Senile Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 20th 1879

Edward L. Gaither M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 207 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hannah Conry

Sex, Female, { cross out the word not required in this line. }

Age, 5 *Years,* 8 *Months,* 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Penna

Duration of Residence in the City of Baltimore, ~~Colored~~ Infant

Place of Death, { Give street and number } 1081 Front

Cause of Death { First, (Primary,) Cancrum Oris
Second, (Immediate,) Exhaustion

Duration of last Sickness, Sick Weeks

All the above information should be furnished by the Physician.

Place of Burial Holy Cross Cemetery

Date of Burial, July 19 1879

C V Dorsey M. D.
Medical Attendant.

Undertaker, Jas D Byrne

Place of Business, 63 Hunt St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

Date of Death, 19 July 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Elizabeth O'Laughlin

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, ~~Years~~ ~~Months~~ *Years,* Nine *Months,* three *Days.*

Color, White

~~*Married*~~, *Single,* ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 30 Rock St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 19 1879

H Darling *M. D.*
Medical Attendant.

Undertaker, Peter Kemmerer

Place of Business, 317 Mulberry *Address,* 2252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18"

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theis Eigeldinger

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Midwife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27

Place of Death, {Give street and number} 11 Union St

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate,)

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Ft Stevens Cemetery

Date of Burial, July 21th 1879

S T Knight *M. D.*
Medical Attendant.

Undertaker, P. Kummet

Place of Business, 317 Mulberry St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Barnes

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 66 *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation, Wood Sawyer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Marys County Md.

Duration of Residence in the City of Baltimore, 49 years

Place of Death, {Give street and number} 12 North Calvert

Cause of Death, First, (Primary,) Pleuro pneumonia

Second, (Immediate,) Asthenia

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, July 19th 1879

Undertaker, Wm. N. Dunger

Place of Business, No 62 East St

John E. Lynch M. D.
Medical Attendant.

Address, 111 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Haley

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 8 *Years,* 6 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 81 Brook St.

Cause of Death { First, (Primary.) Disease of Kidneys or Liver
Second, (Immediate,) Dropsy & Exhaustion

Duration of last Sickness, Four Years

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, July 21 1879

Undertaker, Nathan Cadow

Place of Business, 22 Mulberry St

M Ellegudin M. D.
Medical Attendant.

Address, Mc Lafayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Agnes Mofs

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* 3 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Belto Co Md

Duration of Residence in the City of Baltimore, Six days

Place of Death, {Give street and number} Hope St near Boundary Ave.

Cause of Death, First, (Primary,) Hot Weather

Second, (Immediate,) Prostration & Diarrhoea

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial. 19th July 10 o'clock P.M.

Undertaker, Geo. L. Bodemann

Place of Business, 98 Eutaw St

H. Schwatka M. D.
Medical Attendant.

Address, 731 Penna. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 19 1879 BALTIMORE

Date of Death, July 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Rauch

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 16 Addison alley

Cause of Death { First, (Primary,) Convulsions
Second, (Immediate,)

Duration of last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, July 21. 1879

Undertaker, J. Boyle

Place of Business, Baltimore St near Schroeder

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

examined by Jos. Vansant & Son Undertakers

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ... 18 ..... JUL 19 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susannah Carter

Sex, Male or Female, {cross out the word not required in this line.} .....

Age, 10 *Years,* 6 *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, 5th St Paul Cemty

Date of Burial, July 20th

Undertaker, H Frechlich

Place of Business, 241 Eastern Ave

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick C. Alfred Marchant

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Four *Years,* Six *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lowell - Mass,

Duration of Residence in the City of Baltimore, Six weeks

Place of Death, {Give street and number.} No. 84 Chestnut- st.

Cause of Death, First (Primary,) Dysentiries and Debility-

Second (Immediate,) Malarial fever

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, July 20th 1877

Undertaker, Matthew Cadogan

Place of Business, 230 Mulberry st

F. B. Gardner M. D.
Medical Attendant.

Address 120 N. Greene st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Roan

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 37 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, ...

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 301 N. Central Av.

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate,) .....

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cet

Date of Burial, July 20 1879

Undertaker, Henry Keck

Place of Business, 307 Central Ave

C. Gee Daniel M. D.
Medical Attendant.

Address, 27 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John D. Fountain

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Oyster Shucker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Eastern Shore Md

Duration of Residence in the City of Baltimore, Twenty yrs

Place of Death, {Give street and number.} 242 N. Durham st

Cause of Death, First (Primary.) Phthisis

Second (Immediate.)

Duration of Last Sickness, one Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery John Homer M. D.

Medical Attendant.

Date of Burial, July 20th

Undertaker, A. Hayman *Address* 14 Asquith st

Place of Business, 13. Saratoga. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE JUL 20 1879

CERTIFICATE OF DEATH.

Date of Death, July 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Estella Addison

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 62 S. Oregon

Cause of Death, First (Primary,) Cerebral Effusion

Second (Immediate.) 30 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 20th 1879

Undertaker, D. Leonard

Place of Business, 72 W Baltimore

D. S. Hoffman M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse Hughes

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Seventy Six *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Wood Sawyer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Maryland

Duration of Residence in the City of Baltimore, Eighteen years

Place of Death, {Give street and number} No 1 Halls alley

Cause of Death First, (Primary,) Exposure

Second, (Immediate,) Chronic Bronchitis

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 20 1879

Undertaker, D. W. Chase

Place of Business, 19 S Howard st

L. D. Byers *M. D.*
Medical Attendant.

Address, 146 Hill st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Jones

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, twenty years

Place of Death, {Give street and number} E. Monument St

Cause of Death, First, (Primary,) Pulmonary Hemorrhage

Second, (Immediate,) ~~Pneumonia~~ Exhaustion

Duration of last Sickness, about Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 10th 79

Undertaker, [illegible]

Place of Business, [illegible]

C. Harvey Hill M. D.
Medical Attendant.

Address, 119 Edmondson Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 33708

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OFFICE JUL 20 1879 BALTIMORE

Date of Death, July 18 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Hemitha Scoggins

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, Colrd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 67 Vincent Alley

Cause of Death, First (Primary,) Fractured Spine

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Over

Place of Burial, Laurel Cemetery

Date of Burial, July 19 1879

Undertaker, J. F. Chase

Place of Business, No 198 Howard St

Jn. F. Powell M. D.
Medical Attendant.

Address 227 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1879 — 5 1/2 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gorman

Sex, Male or Female, {cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Rear of 49 Eutaw St

Cause of Death, First, (Primary,)

Second, (Immediate,) Adynamiae

Duration of last Sickness, During Life

The mother of this infant-a single girl-died about 8 hrs after its birth. I was not present at the birth. Infant, Saturday, was well. Called there, Sunday afternoon, & found dead. Informed that it had been sick for 2 days. Infant's father, a day-laborer, was not present at the death. Name directions to undertaker.

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, July 20th 1879

Undertaker, James P Byrne

Place of Business, No 63 N Gay St

Gregg Chesney M. D.
Medical Attendant.

Address, 11 S Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel Estelle Connselman

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, _____ *Years,* Eight *Months,* Twenty five days *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 225 Jefferson St

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Cholera infantum

Duration of last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, July 20 1879

Undertaker, M. A. Barger

Place of Business, 714 S. Broadway

Milton A Taylor M. D.
Medical Attendant.

Address, Broadway & McElderry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. Carl

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 38 Years, ____ Months, ____ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 38 yrs.

Place of Death, {Give street and number} City Hospital Jones Falls & Eden

Cause of Death {First, (Primary,) Fracture of Skull

Second, (Immediate,) Apnoea

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 21st

Undertaker, C. A. Schilling

Place of Business, ____

David Streett M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1875 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 18th 75

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Weyler

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 8 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 355, N. Amer St

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 20

Undertaker, Fry & Bro

Place of Business, 54 h Broadway

E. C. Jordan M.D.
Medical Attendant.

Address. 220 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33713

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Charles Nelson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 233 South Wolf Street

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, July 20th

James J. Shaw M. D.
Medical Attendant.

Undertaker, H. Trockbrit

Place of Business, 246 Eastern Av

Address, 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Captain Anthony B. Fields

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Sixty three *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Sea Captain

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number} No 243 E Fayette Street

Cause of Death, First, (Primary,) Bright's Disease of the Kidneys.

Second, (Immediate,) Apoplexy

Duration of last Sickness, Twenty Four Hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem'y

Date of Burial, July 21st

Wm H Landrum, M. D.
Medical Attendant.

Undertaker, Fly & Son

Place of Business, 54 N Broadway *Address,* No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. AND be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Janet Permit No. 1479

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William F. Heinzle

Sex, Male or Female, {Cross out the words not required in this line.} Male.

Age, ____ *Years,* 2 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 6 Clagett alley

Cause of Death, {First (Primary,) Cholera Infantum.

{Second (Immediate,) "

Duration of Last Sickness, three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 20 1879

Undertaker, Peter Kummert

Place of Business, 317 Mulberry

H. K. Fetterhoff M.D.
Medical Attendant.

Address, 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary B. Duvall

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 78 yr *Years,* *Months,* *Days.*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give street and number} Aged Womens Home

Cause of Death First, (Primary.) Paralysis

Second, (Immediate.)

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Monday 21st

Undertaker, Chesterman & Son

Place of Business, Eutaw St Address, Waverly Terrace

Geo H. Lyster M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18 — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Sabbers

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* Eight — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 608 N. Gay St

Cause of Death, First, (Primary,) Suspect —

Second, (Immediate,) General Debility —

Duration of last Sickness, ____

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, July 21st 1879

Undertaker, Chas. A. Ponder

Place of Business, No. 378 N. Gay St

J. G. Ponder M. D.
Medical Attendant.

Address, 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20 — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Faber

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* ten *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 608 N Exeter St

Cause of Death, First, (Primary.) Cholera

Second, (Immediate,) Cerebral Congestion

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 21st 1879

Undertaker, Chas A. Pender

Place of Business, 39 N Eutaw St

D L Rheem M. D.
Medical Attendant.

Address, 39 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida M. Lusta

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, One *Years,* Two *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. } /

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 317 E. Baltimore St

Cause of Death, { First, (Primary.) / Second, (Immediate.) Cholera Infantum

Duration of last Sickness, Two Hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 21st 1879

Thos. L. Smith M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 25 S Broadway *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33720

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20/79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine A. Harris.

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 37 *Years,* — *Months,* — *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line} Married.

Occupation, Housewife.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 29 E. Biddle St

Cause of Death, {First, (Primary.) Septicaemia from retained Placenta

{Second (Immediate.) Neuralgia followed by Meningitis

Duration of Last Sickness, about nine Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 22nd 1879 H. Ratterhoff M. D.

Undertaker, Dennis & Mitchell Medical Attendant.

Place of Business, 65 B Broadway *Address,* 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish him forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Ritter

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~[illegible]~~ *Years,* 1 *Months,* 20 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 90 Lemmon St

Cause of Death, First, (Primary,) Meal Inanition (Cachexia)

Second, (Immediate,) Atrophy

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, July 22 '79

James A Steuart M. D.

Medical Attendant.

Undertaker, I. B. Cook

Place of Business, 13 & 15 St

Address, Coroner's Request

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd by Jos Vansant

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Virginia Lehman

Sex, Male or Female, { cross out the word not required in this line. } Female.

Age, ____ *Years,* four (4) *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 4 months

Place of Death, { Give street and number } No 64 E. Pratt St.

Cause of Death, First, (Primary.) Entero-Colitis

Second, (Immediate.) Exhaustion.

Duration of last Sickness, four days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 21 July

Undertaker, Christoph Rose

Place of Business, 141 Low St

G. F. Taylor M. D.
Medical Attendant.

Address, 210 N. Bond Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. #33723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elizabeth Worthington Owens

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West River Anne Arundel Co. Md

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and number.} 174 Cathedral St. Balto

Cause of Death, First (Primary,) Hydrocephalus from Childhood

Second (Immediate,) General debility, inanition

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 22 1879

R. McSherry — *M. D.*
Medical Attendant.

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St. *Address* 106 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Mofs

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ——— *Years,* 3 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Infant

Occupation, "

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Co. Md

Duration of Residence in the City of Baltimore, One week

Place of Death, { Give street and number } Hope St near Boundry Ave

Cause of Death { First, (Primary,) Diarrhoea

, { Second, (Immediate,) Convulsions

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 21 July 11 O'clock

Undertaker, Geo. C. Rodenmayer

Place of Business, 38 Exeter Street *Address,* 431 Fleet Ave

H. Schwatka M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Keepers of all Cemeteries in City of Baltimore, will make returns of all "Permits to Remove" for burial, to this off[illegible] day of each week.

No. 3372

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 33725

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Turner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City since Birth

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} No 376 Hanover St

Cause of Death, {First (Primary,) Second (Immediate,)} Cerebro-Spinal Meningitis

Duration of Last Sickness, 5 Days

The above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, July 22.

Undertaker, Henry Birk

Place of Business, Henrietta St 81

J G Rhoads M. D.
Medical Attendant.

Address 20 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

And be it further enacted and ordained, That whenever any person shall die in th[illegible] shall be th[illegible]
[illegible]nded during his or her last sickness, or the Coroner, when the case comes und[illegible]
[illegible] the Undertaker or other person or perso[illegible] superintending the bur[illegible]
[illegible] the full name, sex [illegible] or married [illegible]

e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUL 21 1879 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isiah Williams

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 6 *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Chestnut 69 St

Cause of Death, First, (Primary,)

Second, (Immediate,) Catarrh fever

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 21st

Undertaker, Abraham Trayman

Place of Business, 13 Saratoga St.

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of [illegible]

OFFICE OF REGISTRAR OF VITAL STATI[illegible]

Permit No. 33727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi[illegible] out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William B Barron

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 6 *Months,* 14 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 53 Penna Ave Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } at abe

Cause of Death, { First (Primary,) Malarial Fever

Second (Immediate,) Exhaustion, with Convulsions of Brain

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 21

Undertaker, Chas E Hooper

Place of Business, 6 Pennsylvania Ave *Address* 2 High St

W A Fitzpatrick *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 33728

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Roberts

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 1 mo 7 weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate,) Spasms

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 21. 1879

Undertaker, Daniel Bowen

Place of Business, 156 Division St.

Anthony Bowen M. D.
Medical Attendant.

Address, 68 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 33729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Buchanan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} 19 13 Stockholm Street

Cause of Death, First (Primary.) Puerperal Pyaemia

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician

Place of Burial, Fort Stark Farades

Date of Burial, July 22 1879

Undertaker, B. Harley

Place of Business, 18 Hanover

H. Womble M. D.
Medical Attendant.

Address 203 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 33730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Lambdin

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ 6 *Months,* 23 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 30 ct Eastern Ave

Cause of Death, First, (Primary,) Mal Nutrition

Second, (Immediate,) Inanition

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 21st 1879

Undertaker, H. Saunders

Place of Business, Canton Ave

To be substituted by Wm D. Evans M. D.

Medical Attendant.

Address, Comm of Health

Regulations.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 33731

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat*
out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decease
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Julia O'Brian

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* 13 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} Baker St near Division

Cause of Death, First (Primary,) ——
Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, July 21st 1879

Undertaker, Chas T. Scriven

Place of Business, 2718 Eutaw st

Chas E. Sadtler M. D.
Medical Attendant.

Address 649 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

COVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 33732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUL 21 1879

CERTIFICATE OF DEATH.

Date of Death, July 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Watson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 2 2 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Cor. East av. & Bond St.

Cause of Death { First, (Primary.) ..... Second, (Immediate,) Gastric fever

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, July 22 d

Undertaker, Wm. Love Diffl

Place of Business, 1 Bond st 151

R. W. Mansfield M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 33783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Flottemesch

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 0 *Months,* 9 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} #2 & #3 Herring Court.

Cause of Death, First, (Primary.) Measles

Second, (Immediate,) Pneumonia.

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, La Allemandière

Date of Burial, July 22

Aug. F. Eyth M. D.
Medical Attendant.

Undertaker, Theodore Frank

Place of Business, Bond & Wolfe Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 33734

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF VITAL STATISTICS JUL 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Clausen

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* 27 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 175 S. Charles St

Cause of Death, First, (Primary,) Enteritis

Second, (Immediate,) American cholera

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 21st 1879

Undertaker, J. Philipp Seewald

Place of Business, 35 S. Eutaw St

Henry Salzer M. D.
Medical Attendant.

Address, 165 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 33735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vincent Henries

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, About 32 *Years,* — *Months,* — *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Working around the Wharf

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, About 10 years

Place of Death, {Give street and number} 180 ~~South~~ & 2d ~~Home~~ Thomas St.

Cause of Death, First, (Primary,) Fell over board on the 17th of July, lived until the 20th

Second, (Immediate,) From Asphyxia

Duration of last Sickness, Hours days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 21. 1879

Undertaker, John C. Jensen

Place of Business, No 63 Park St. *Address,* 63 George St

J. Yingling M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 33736

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Jane Jenkins

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* 5 *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Chesnut 92 St

Cause of Death, First, (Primary,) Suppressed Milk Matter being dead

Second, (Immediate,) Indigestion Convulsions

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, July 21st

E. C. Baldwin, M. D.
Medical Attendant.

Undertaker, Abraham Waymouth

Place of Business, 13 Saratoga St

Address, 124 S Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 33737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James R. Wilson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 10 Bleecker St

Cause of Death, First, (Primary,) Brain

Second, (Immediate,) Inanition

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem'y

Date of Burial, July 21 1879

Undertaker, Saml W. Clabaugh

Place of Business, Howard St.

James A Steuart M. D.

Medical Attendant.

Address, Corner Hospital & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Exam by L. V. Fitzpatrick

Board of Health, City of

OFFICE OF REGISTRAR OF VITAL

Permit No. 33738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Rob Wilson

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 0 *Years,* 0 *Months,* 17 *Days.*

Color, whl

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 107 Greenmount ave

Cause of Death { First, (Primary.) marasmus
Second, (Immediate.)

Duration of last Sickness, 10 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 22nd 1879 G Lane Tanyhill M. D.
Medical Attendant.

Undertaker, Thos S Hughes

Place of Business, 60 E Baltimore St *Address,* 129 N Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 33739.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, to the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L. Bancroft

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and number} 24 McElderry St

Cause of Death, First, (Primary.) Entrances Croup

Second, (Immediate,) 10 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 22 July

Undertaker, Henry Walters

Place of Business, 45 N. Gay *Address,* 75 E. Baltimore St.

J. H. Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 33740

OFFICE OF REGISTRAR OF VITAL

The *Physician* who attended any person in a last illness is responsible for the presentation of this Certificate, *a*... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said d... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E. Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* 4 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Ship Carpenter, Philadelphia

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 36 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 36 William St

Cause of Death, {First (Primary,) Intemperance / Second (Immediate,)}

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery J. C. Burch M. D.

Date of Burial, July 22nd 1879 Medical Attendant.

{*Undertaker,* C. H. Herold / *Place of Business,* Hanover St} *Address* 167 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of [illegible]

Permit No. 33741

OFFICE OF REGISTRAR OF VITAL STA[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Bromell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 10 Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Eastern Shore Md

Duration of Residence in the City of Baltimore, 6 mo.

Place of Death, {Give street and number.} 98 N. Spring st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetary

Date of Burial, July 21st 1879

Undertaker, Charles White

Place of Business, 35 Granby St

John A. Conner M. D.
Medical Attendant.

Address 14 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

Permit No. 3374

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *personally*, *or*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Newman

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 210 Dover Street

Cause of Death, First, (Primary,) Infantile Marasmus

Second, (Immediate,)

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, July 21st 1879

Undertaker, F. A. Kershner

Place of Business, S. Carrollton Av.

Thos. A. Shuman M. D.
~~Medical Attendant.~~

Address, Corner Lexington & Eutaw Regular

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by L. V. Fitzpatrick M.D.

Board of Health, City of Baltimore,

Permit No. 33743 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} — Rutherford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 2 — Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 203 Maryland Avenue

Cause of Death, First (Primary,) Enemus Marasmus

Second (Immediate,)

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Westminster and H. D. Edwards M. D.

Date of Burial, July 21 Medical Attendant.

Undertaker, Geo W Spence Address

Place of Business, 195 N Eutaw St 80 Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Attention of Physicians is respectfully invited to the Remarks below, and to Rule [illegible]

Board of Health, City of Baltimore,

Permit No. 33764

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Moore

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 0 *Years,* 13 *Months,* 0 *Days.*

Color, Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} #80 S. Dallas St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Acute Meningitis

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Glen

Date of Burial, July 21st 1879

Undertaker, Theodore Fickes

Place of Business, 13 Jefferson *Address,*

Aug. H. Erich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL ST[illegible]

Permit No. 33745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20 [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carroll Jones

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, 2 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} 27 Bond Street

Cause of Death { First, (Primary,) [illegible] / Second, (Immediate,) [illegible]

Duration of last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 22

Undertaker, J J Chalmers

Place of Business, 1100 Penn Ave *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 33746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George D. Fridland

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, *Years,* 1 *Months,* 5 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 191 George St.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number} 191 George St.

Cause of Death First, (Primary,) Marasmus.

Second, (Immediate,) Marasmus, all its life.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 23

Undertaker, E. H. Blizard

Place of Business, 201 Penn Address, 175 Saratoga St.

W. P. Morgan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore

Permit No. 33747

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 22 1879 BALTIMORE

Date of Death, July 21st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lewis Thomas

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ... *Years,* 3 *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 3 months

Place of Death, { Give street and number } Eastendale St.

Cause of Death { First, (Primary,) Typhoid Malarial Fever. / Second, (Immediate,) Cholera Infantum.

Duration of last Sickness, About 6 days

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem'y

Date of Burial, July 21st 1879

Undertaker, F. A. Kerchner

Place of Business, S. Carrollton Av *Address,* Southern Depot

L. M. Wolfe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

A. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

Permit No. 33748

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 22 1879 BALTIMORE

Date of Death, July 20, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Placa Lonzagar

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 28 *Years,* —— *Months,* —— *Days.*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number} 191 Lyson St

Cause of Death, First, (Primary,) ——

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, About One year

All the above information should be furnished by the Physician.

Place of Burial, St Mary's H Cemetery

Date of Burial, July 22d 1879

J. Lingling M. D.
Medical Attendant.

Undertaker, Wm J Gray

Place of Business, 63 Mulberry St *Address,* 63 George St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 4K.]

...ial Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible]

Board of Health, City of Baltimore,

Permit No. 33749

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth W Linley

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.} Female

Age, 45 *Years,* *Months,* 14 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number} 1 N Gilmor St

Cause of Death, First, (Primary,) Suppressed Pregnancy

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Lisbon Howard County Bal. & O. R. R

Date of Burial, July 22nd 1879

Undertaker, H B Cook

Place of Business, No 707 W Baltimore Street

J. H. Rigdon M. D.
Medical Attendant.

Address, No 28 N Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 33750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20 July 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie M. Eldridge

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 7 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number} 711 S. Exeter

Cause of Death, First, (Primary.) Puerperal Fever

Second, (Immediate,)

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Seaford Del.

Date of Burial, July 22 1899

H W Webster M. D.
Medical Attendant.

Undertaker, Thos. S. Hayes

Place of Business, 60 E. Baltimore St. *Address,* 57 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit Permit No 1481

[OVER.]

Permit No. 33757

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Caroline Mallon

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, *Years,* nine *Months,* ten *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 22 Port Alley Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 22 Port Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, fourteen days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, July 21st

Undertaker, H. Eastman

Place of Business, 211 Eastern a.

A. Schwartz M. D.
Medical Attendant.

Address Elliott & Canton Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 33752

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rasanna Hottgmann

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, One *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~or Widower~~

Occupation, none

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} Hair near Dillon

Cause of Death, {First, (Primary.) Cholera Infantum / Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, July 22nd 79

E. Jones Williams M. D.
Medical Attendant.

Undertaker, Th. Franck

Place of Business, 280 Canton Ave *Address,* 17 Pulaski St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 33753

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizebeth Reames

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 11 *Months,* ____ 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number} Spring St. ft. McElderry & Jefferson

Cause of Death, First, (Primary) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Old Asylum Cem

Date of Burial, July 22 1879

E. B. Fenby M. D.
Medical Attendant.

Undertaker, Henry Keech

Place of Business, 309 Central Ave

Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33754

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1919.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Wood

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 944 Hamburg St.

Cause of Death, First, (Primary,) Pneum

Second, (Immediate,) ———

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore, Penn.

Date of Burial, 22-2 of Feby

Undertaker, Julius Kochel.

Place of Business, Cross & Sharp St.

C. T. Buddenbaum M. D.
Medical Attendant.

Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of [illegible]

Office of Registrar of Vital S[illegible]

Permit No. 33755

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *a[illegible] out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece[illegible] sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Knox

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 84. Collington Ave.

Cause of Death, First (Primary,) .....

Second (Immediate,) Dentition

Duration of Last Sickness, Six (6) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cemetery Holy Cross

Date of Burial, 22nd July

Undertaker, M. Clark & Son

Place of Business, 64, E. Balt. St.

A. P. McCann M.D.

Medical Attendant.

Address, 235 Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 33756

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E. Hooper

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* 25 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 215 S. Broadway

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Diarrhoea

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery

Date of Burial, July 27 1879

Undertaker, John A. Schultz

Place of Business, Aliceana St

Thos A Stems M. D.

~~Medical Attendant.~~

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd by Geo E. Gayle [illegible]

Permit No. 33757

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ac... out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Gebauer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* 23 *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all the time

Place of Death, {Give street and number.} 204 Saratoga St.

Cause of Death, First (Primary,) Tuberculosis (Pulmonum)

Second (Immediate,)

Duration of Last Sickness, under my treatment one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Dr. H. Heldmann M. D.

Date of Burial, July 22nd 1879 Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 271 N Eutaw St Address 120 Saint

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of [illegible]

Permit No. 33758

OFFICE OF REGISTRAR OF VITAL [illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Graham Coward

Sex, Male or Female, {cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 195 Park ~~st~~ avenue

Cause of Death First, (Primary,) old age

Second, (Immediate,) General Debility

Duration of last Sickness, Indefinite

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, July 23rd 1879 C Winslow *M. D.*

Medical Attendant.

Undertaker, Chas. T. Scruven

Place of Business, 2711 N Eutaw *Address,* 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

Permit No. 33759

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Rogers

Sex, Male or Female, {cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore (M.D.)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor. John and Valley Sts

Cause of Death { First, (Primary,) Apoplexy
Second, (Immediate,) Paralysis

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 22- 1879

Undertaker, Henry Schultheis

Place of Business, *Address,*

C. A. Varnes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 33760

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 22 1879 BALTIMORE

Date of Death, July 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Woodward

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 60 *Years,* 5 *Months,* 15 *Days.*

Color, White

Married, Single, Widowed or Widower, {Cross out the word not required in this line.} Widower

Occupation, Clerk in Comptrollers office

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, [redacted] Since Birth

Place of Death, {Give street and number} 48 E. Fayette Street

Cause of Death First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Pulmonary Hemmorhage

Duration of last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 22nd 1879

Undertaker, John H. Weaver & Co

Place of Business, 22 W. Fayette St

S. W. Gilman M. D.
Medical Attendant.

Address, Cor Fayette & Caroline Streets

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 33761

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1879 O.R.E.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Helmling

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 72 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Pump Maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 99 S Fremont St

Cause of Death, { First, (Primary,) Vomiting - from Dyspepsia / Second, (Immediate,) Internal Hemmorhage - }

Duration of last Sickness, — Sudden —

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, July 22d 1879

Undertaker, Wm Schaefer

Place of Business, 16 N Eden

A. H. Hennig M. D.
Medical Attendant.

Address, 76 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 33764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas Kaufman

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* Seven (7) *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } [illegible]

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } [illegible]

Cause of Death, First, (Primary.) [illegible]

Second, (~~Immediate.~~) Cholera Infantum

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 22d 1879

[illegible] M. D.
Medical Attendant.

Undertaker, John Thacher

Place of Business, No 151 Camden *Address,* 33 South

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of [illegible]

Permit No. 33763

OFFICE OF REGISTRAR OF VITAL ST[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* [illegible] the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, [illegible] 20. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bree

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 14 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 105 Parish alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} no 11 Norris alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 22 1879

Undertaker, S W Chase

Place of Business, 198 S Howard St

M K Warner *M. D.*
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

Permit No. 33764

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 24 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Parker

~~Sex, Male~~ or Female, {cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 5-5- Clark's court

Cause of Death, First, (Primary,) Capillary bronchitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, July 22 1899

Undertaker, [illegible]

Place of Business, [illegible]

R L Burwell M. D.
Medical Attendant.

Address, 340 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 33765

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Scott

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 27 *Years,* 6 *Months,* *Days.*

Color, Colored *Sex.* Female

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and number. } 13 Rose St

Cause of Death, { First (Primary,) / Second (Immediate,) } Phthisis Pulmonalis

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Mark's Cemetery

Date of Burial, July 22 1879 James Lapsley M. D.
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 198 Howard St *Address* 70 Centre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 33766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Edward Sheckles

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 1 *Months,* ____ *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } B. C.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 411 Charles

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Cholera Infantum

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, July 24th

R. W. P. Ellis *M. D.*
Medical Attendant.

Undertaker, C. B. Hearle

Place of Business, 411 Light St. *Address,* 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 33767

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alex

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* 21 *Days.*

Color, Wht

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Institutional Boy

Place of Death, { Give street and number } St. Vincents Infant asylum

Cause of Death { First, (Primary.) Marasmus

, { Second, (Immediate.) Spasm

Duration of last Sickness, From Birth

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 25, 1879

Undertaker, Saml Boyce

Place of Business, 15 Light St

Chauncey Boyce M. D.
Medical Attendant.

Address, 71 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 33768 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *a*
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Twenty James / James & Charlotte McGunnigan.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 4 *Days.*

Color, Wr.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 12 N. Wolf St.

Cause of Death, {First (Primary,) ... Second (Immediate,)} Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 22 d 1879.

Undertaker, Adam Fink

Place of Business, 461 W. Fayette

L. C. Gordon M. D.
Medical Attendant.

Address 311 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty
e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish
n forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth,
as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased,
he cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 33769

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21-1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mariano Gatto

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 73 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Barber

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number} 36 E. Fayette

Cause of Death, {First, (Primary,) Cancer of the Stomach

Second, (Immediate,) One year —

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem.

Date of Burial, July 23rd 1879

Samuel T. Knight M. D.
Medical Attendant.

Undertaker, B. Oland

Place of Business, Light St

Address 112 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimo

Permit No. 33770

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Johnson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 104 Raborg St

Cause of Death, First, (Primary,) Mal Nutrition (Battle Jr.)

Second, (Immediate,) Diarrhoea

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet & St. Paul's

Date of Burial, July 23rd 1879

Undertaker, Jane W. Chase

Place of Business, S. Howard St

Jno. A. Steuart M. D.

~~Medical Attendant~~

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

Exam by J. V. Fitzpatrick

(OVER.)

Board of Health, City of Baltimo.

OFFICE OF REGISTRAR OF VITAL ST.

Permit No. 33771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Bailey

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 13 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 189 Pearce St

Cause of Death, {First, (Primary,) ——— Second, (Immediate,) Consumption

Duration of last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 23rd 1879

James F. Sims M. D.
Medical Attendant.

Undertaker, W. H. Bishop

Place of Business, Druid Hill Av. *Address,* Comm. of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. [97 ...]

Exam by - Dr. V. Fitzpatrick

KODAK SAFETY ▲ FILM

Board of Health, City of Baltimo[illegible]

Permit No. 33772

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July. 21. 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Heinke

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Eighty three *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and number } 73. Franklin St.

Cause of Death { First, (Primary,) Senility

, { Second, (Immediate,) —

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 23d 1879

Undertaker, Wm C Weaver

Place of Business, No 202 N Eutaw St

D. C. Deland M. D.
Medical Attendant.

Address, Corner E. F.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 33773

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {cross out the word not required in this line.} Lillie Maggie Summerill

Age, 1 *Years,* 2 *Months,* 13 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Born Baltimore

Duration of Residence in the City of Baltimore, 14 months

Place of Death, {Give street and number} No 333 N. Durham St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Exhaustion.

Duration of last Sickness, 6 or 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 22nd 1879.

George F. Zeigler M. D.
Medical Attendant.

Undertaker, Wm. H. Dorsey

Place of Business, 162 East 5

Address, 210 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 33774

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Thoene

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ~~Years~~, 10 *Months,* ~~Days~~

Color, Male

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 189 Durham st

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum.

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'ty

Date of Burial, July 23rd

Undertaker, H. Frechtlich

Place of Business, 246 Eastern Av

Thomas B Evans M.D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL

Permit No. 33775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st. 1879. (4 a.m.)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Wilson (?)

Sex, Male or Female, {cross out the word not required in this line.}

Age, one *Years.* four *Months,* — *Days.*

Color, black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, as above —

Place of Death, {Give street and number} No 1. King St

Cause of Death First, (Primary,) Diarrhoea (?)

Second, (Immediate,) Exhaustion (?)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 22 1879

Undertaker, J. C. Davis

Place of Business, 113 Light St. *Address,*

B. J. Grove M. D.
Medical Attendant.

over

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

W. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33778

The Physician who attended in any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kleine

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, —— *Years,* 4 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 179 S. Ann St.

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate,) Marasmus

Duration of last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible] H. Ravenscroft M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltim[illegible]

Permit No. 38777

OFFICE OF REGISTRAR OF VITAL [illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, _____

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} _____

Sex, Male or Female, {cross out the word not required in this line.} _____

Age, _____ *Years,* _____ *Months,* _____ *Days.*

Color, _____

Married, Single, Widow or Widower, {Cross out the word not required in this line.} _____

Occupation, _____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} _____

Duration of Residence in the City of Baltimore, _____

Place of Death, {Give street and number} _____

Cause of Death, { First, (Primary) _____ Second, (Immediate,) _____

Duration of last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, _____

Date of Burial, _____

_____ *M. D.*
Medical Attendant.

Undertaker, _____

Place of Business, _____ *Address,* _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimo

Permit No. 33778

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2[illegible] 1879 BA[illegible]MORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeannette Fields

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 2 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 318 Eastern Avenue

Cause of Death, First, (Primary.) Nephritis

Second, (Immediate,) Uremia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 23d 1879

Undertaker, Henry Sander

Place of Business, 230 Canton Av

J. H. Hance M. D.
Medical Attendant.

Address, 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimo

Permit No. 33779

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *according out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday July 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James O. Stuck.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} # 26 E. Monument St.

Cause of Death First, (Primary,) Pseudo Membranous Croup

Second, (Immediate,) Asphyxia

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemy

Date of Burial, July 23 1879

Undertaker, Wm C Dickson

Place of Business, 223 N Gay St

Wilmer Brinton M. D.
Medical Attendant.

Address, 269 W. Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 33780

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas[illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22 July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} N. Steinmeyer

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 0 *Years,* 0 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Sharp St 85

Cause of Death, First (Primary,) Seven months, Mild

Second (Immediate,) Weakness

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Church Cemetery

Date of Burial, 23 July

Undertaker, C. Knuckel

Place of Business, 60 Park St.

Dr. L. Steinhardt M. D.
Medical Attendant.

Address, 224 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore

Permit No. 33781

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leroy Thompson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* four *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} 128 Hill Street

Cause of Death { First, (Primary,) Choleroid Infantum
, { Second, (Immediate,) Meningitis

Duration of last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St.

Date of Burial, July 23rd

Undertaker, Hercules Ross

Place of Business, 15 Gonway St.

S. D. Dyer M. D.
Medical Attendant.

Address, 144 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltim

OFFICE OF REGISTRAR OF VITAL

Permit No. 33782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st-

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Temperance Ball.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 78 *Years,* ... *Months,* ... *Days.*

Color, White-

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 124 Townsend

Cause of Death { First, (Primary,) Old age
Second, (Immediate,) Effusion on the brain

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 23rd 1879

Undertaker, Char. A. Snider

Place of Business, No 518 1/2 W Balt.

Wm Whitridge M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimo

Permit No. 33783

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23d 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Honora Hogan

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, about 56 *Years,* — *Months,* — *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 25 years

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} Boyd St. between Orleans & Monument Sts

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,) Hemorrhage

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, July 24th 1879

Undertaker, John J. Mackin

Place of Business, S. Paca St

James A Steuart M. D.

Address, County Health Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd by Jo- Jansen [07...]

Board of Health, [illegible]

OFFICE OF REGISTRAR OF VITA[illegible]

Permit No. 33784

The Physician who attended any person in a last illness is responsible for the presentation of this Certifica[illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sai[illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22 of July

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ebb Nichols

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 65 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Housework

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } No 72 Holliday St

Cause of Death { First, (Primary,) Phthisis

{ Second, (Immediate,)

Duration of last Sickness, About 18 Months.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetry

Date of Burial, July 24/1879

Undertaker, John C. Jasdon

Place of Business, 63 Park Ave

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 33785

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Kistner

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number } 171 E. Caroline

Cause of Death, { First, (Primary,) Cholera Infantum

{ Second, (Immediate,) ———

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cem.

Date of Burial, July 23 79

Undertaker, H. Diffel

Place of Business, 1 Broadt 151

J. D. Arnold M. D.
Medical Attendant.

Address, 7 S. Wolfe St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 33786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas Thomas

Sex, Male or Female, { cross out the word not required in this line. }

Age, 3 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, { Give street and number } 87 Battery ave

Cause of Death, { First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, July 23 rd 1879

R. H. Ellis *M. D.*
Medical Attendant.

Undertaker, Armsbourg & Dreier

Place of Business, # 263 Light St *Address,* 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 33787

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adderley McKinney

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 13 E. Lee St.

Cause of Death, { First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 23rd

Undertaker, Jas P Byrne

Place of Business, 63 Paca St

Thos D. Auld M. D.
Medical Attendant.

Address, 7 E Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 33788

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DE... JUL 23 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Horn

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give street and number} No 317 Alexanna St

Cause of Death, First, (Primary,) Not Known

Second, (Immediate,) Paralysis

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Ft. R. Cemetery

Date of Burial, July 24th

Undertaker, H. Frechlich

Place of Business, 246 Eastern Ave

Thomas J. Evans, M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 33789

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bendorf

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* × *Months,* × *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Wheelright

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in ~~the~~ City of Baltimore, Only Thirteen Years

Place of Death, {Give street and number.} Hebrew Hospital.

Cause of Death, First (Primary,) (Tetanus) Tetanus

Second (Immediate,) Exhaustion

Duration of Last Sickness, Twelve Days

All the above Information should be furnished by the Physician.

Place of Burial, Garden ville Balto County

Date of Burial, July 23rd 1879

Undertaker, George Schilling

Place of Business, Ashland Square

A Friedenwald M. D.

Medical Attendant.

Address 88 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Bridget E. Bannon

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 79 York St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 14 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, July 24th 79

Undertaker, C. H. Krause

Place of Business, 209 Hanover St

J. C. Bencke M. D.
Medical Attendant.

Address 151 Hanover St

written for Dr A. N. Bethune

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attending Physician's Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Michael

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 37 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Boxmaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Tuzemia received at Boiler explosion
Second, (Immediate,) Asthenia

Duration of last Sickness, 12 days

All the above Information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, 24th July 1879.

Wm R Howard M. D.
Medical Attendant.

Undertaker, Henry W. Jenkins & Son

Place of Business, #16 Light st.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James D. Parker

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 67 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 2 Buren St.

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) .....

Duration of last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, St Lawrence Cemetery

Date of Burial, July 23rd 1879

E. B. Fenby M. D.
Medical Attendant.

Undertaker, Archer & Byrne

Place of Business, NE cor N. Eutaw St *Address,* 314 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33793

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1919 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1919

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Jones

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Five *Years,* Eleven *Months,* Twenty two *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} 18 Montgomery Street

Cause of Death { First, (Primary,) Hereditary Syphilis
Second, (Immediate,) Phthisis, Exhaustion

Duration of last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 23/19

Undertaker, Jacobs

Place of Business, 163 Lee St

J. L. Foley M. D.
Medical Attendant.

Address, 146, Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1879 BALTIMORE

Date of Death, July 11th, 1879; 4:20, A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Turner

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male.

Age, 24 *Years,* 6 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Queen Anne's Co,

Duration of Residence in the City of Baltimore, Twenty One Years

Place of Death, {Give street and number.} #44 Elbow Lane.

Cause of Death, {First (Primary,)} Phthisis Pulmonalis

{Second (Immediate,)} Asthenia

Duration of Last Sickness, Seventeen Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount St.

Date of Burial, July 24th

Undertaker, Hercules Ross

Place of Business, 95 Conway St.

Wm H Chandlee M.D.
Medical Attendant.

Address, 100 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.]

Permit No. 33795

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Unknown

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~~~. McClelan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Forty five *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Oyster man

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Foot Chas Side. Ft. Mc Henry.

Cause of Death, {First (Primary,) ....} Drowning.

{Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, July 23rd 1879

Undertaker, P. McAlbin

Place of Business, Cambridge St

N. C. Ireland M.D.
Medical Attendant.

Address Corner E. B.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 33796

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 24 1879 BALTIMORE

Date of Death, July 23 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Bela

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Cincinnati Ohio

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 71 N. Sharp

Cause of Death, First (Primary,) Scarlatina Maligna

Second (Immediate,) Uraemia.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 25th 1879

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St.

Richardson M. D.
Medical Attendant.

Address 543 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...e Special Attent...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hart

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 39 *Years,* ____ *Months,* ____ *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number } no 10 Parish alley

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Suppose - Inflammation bowels Called Cholera Infantum

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 24 1879

Undertaker, J. B. Coates

Place of Business, No 707 E. Baltimore street

Nick Baeuer M. D.
Medical Attendant.

Address, Broadway & Shirley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 33798

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Lydia Rogers

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 2 *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 180 Myrtle Avenue

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 24th 1879

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St.

Rich'd Henry Thomas, M. D.
Medical Attendant.

Address Cor. Eutaw & Biddle Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Henry Forman

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} male

Age, 1 *Years,* 5 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1 Vincent alley

Cause of Death, First (Primary,) Pertussis.

Second (Immediate,) Diarhoea

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 23 1879

{*Undertaker,* Wm N. Dunger

Place of Business, No 62 East St

F Harney Lee M. D.
Medical Attendant.

Address 19 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22, 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harrison Negro

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 yrs *Years,* One *Months,* 21 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 47 Bruce St

Cause of Death, { First (Primary,) Pneumonitis / Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 23 d, 1879

{ *Undertaker,* Wm N Dunger
{ *Place of Business,* No 62 East St

L. A Shaver M. D.
Medical Attendant.

Address 411 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33801

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23d 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Franz Szczypanski

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Poland

Duration of Residence in the City of Baltimore, Eight years.

Place of Death, { Give street and number } 322 Alice Anna St.

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Pneumonia

Duration of last Sickness, Nine Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Nicholas Cem.

Date of Burial, July 24th

Undertaker, J. C. Tippel

Place of Business, 151 Lee St.

Aug. H. Epstein M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33892

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emil Borah

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* Ten 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} Hebrew Orphan Asylum

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Marasmus

Duration of last Sickness, Three (3) weeks

All the above information should be furnished by the Physician.

Place of Burial St Alyshonsas Cem

Date of Burial, July 24 1879

Undertaker, Henry Roth

Place of Business, 304 Eastern Ave Cor Eager & Forrest Sts

E. F. Sloan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- orth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

LANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 33803

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Jackson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Md Penitentiary

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, E. B. Cemetery

Date of Burial, July 22

Undertaker, Patrick Mullin

Place of Business,

Jno. Brooke Boyle M.D.
Medical Attendant.

Address, 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.]

Permit No. 33804

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Butt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 71 East Lombard St

Cause of Death, First (Primary,) Bilious Remittent

Second (Immediate,) Abscess

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 25th

Undertaker, John Herring.

Place of Business, 382 Eutaw St. *Address*

W. H. Stephenson *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attenti[illegible] of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred A Jones

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ 2 *Months,* ____ 3 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 14 Bruce St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 24th 1879

J Shelton Hill M. D.
Medical Attendant.

Undertaker, Wm M Dungee

Place of Business, No 62 East St

Address, 432 N Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attentio… of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33806

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Galloway

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Little Mc Elroy 41 Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Little Mc Elroy 41

Cause of Death, First, (Primary,) Hereditary predisposition

Second, (Immediate,) Consumption

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Israel Cemetery

Date of Burial, July 24th 1879

Undertaker, Wm P Runge

Place of Business, No 62 East 21st

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33807.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1919 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23 1919

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Grace

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, C

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 1814 Hanover st

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,) Diphtheria

Duration of last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 25 th

Undertaker, Henry Price

Place of Business, Henrietta St 81

Sid Eutilius M. D.
Medical Attendant.

Address, 552 N Lemburt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

W. m

[OVER.]

KODAK SAFETY

The Special Attention ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh McDougal

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 50 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Mechanic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 16 S Hugh

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Diarrhoea

Duration of last Sickness, 16 months

All the above information should be furnished by the Physician.

Place of Burial, Bells Cemetery

Date of Burial, July 25. 1879

Hiram B. Hunter M. D.
Medical Attendant.

Undertaker, Thomas S Hughes

Place of Business, 16 S Hugh *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester A Cornish

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Fifty *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Washerwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co Maryland

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number} 77 Ladenhall St

Cause of Death First, (Primary,) Dysentery Sporadic

Second, (Immediate,) Asthenia, et Prostration

Duration of last Sickness, twelve days

All the above information should be furnished by the Physician.

Place of Burial, Sharon M E Church

Date of Burial, Feb 24 1879

Undertaker, S. M. Chaney

Place of Business, 1 N. Howard St *Address,* 146 Hill St

J. L. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur F. Hill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 6 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 5-2 Parish St.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 5-2 Parish St alley

Cause of Death, {First (Primary,) Whooping cough

Second (Immediate,)

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 23, 1879

{*Undertaker,* S. W. Chase

Place of Business, 198 Hanover

Hills & Smith *M. D.*
Medical Attendant.

Address 361 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23d 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Diomytha Cornish

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Five *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single ✓

Occupation, Nothing

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City Md

Duration of Residence in the City of Baltimore, Continued

Place of Death, { Give street and number } 17 Leadenhall Street

Cause of Death { First, (Primary,) Cholera Infantum
, { Second, (Immediate,) Meningitis

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mary's at Locust Point

Date of Burial, July 24th 79

Undertaker, B. M. Chase

Place of Business, 198 Bond Street

J. D. Dyer *M. D.*
Medical Attendant.

Address, 144 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention [illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Brown

Sex, Male or Female, {cross out the word not required in this line.} F

Age, [illegible] *Years,* [illegible] *Months,* 28 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 205 Hanover

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Intestinal Obstruction

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 24 1899

[illegible] M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address.* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33813

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lath. E. Heaphy

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 55 Fourth St.

Cause of Death First, (Primary,) Catarrh Pneu

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 24th 1879

Undertaker, Hy W. Mears

Place of Business, 146 N Gay St

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva May Thompson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 12 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 176 East Fayette St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Asphyxia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 25th 1879

Undertaker, Hy W. Mears

Place of Business, 45 n Gay St

Wm A Tiffen M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23 —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Wiseman

~~*Sex,*~~ *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Merchant —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 96 Ross st —

Cause of Death, {First (Primary,) Phthisis Pulmonalis
{Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Souders Point Cemetery

Date of Burial, July 24th 1879

{*Undertaker,* John Lake
{*Place of Business,* 161 E Balto St

Frank M Gunion M. D.
Medical Attendant.

Address 187 Saratoga st —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adele Bantown

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 112 Hill Street

Cause of Death { First, (Primary,) Mal Nutrition
Second, (Immediate,) Atrophy

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, July 24th 1879

James A Steuart M. D.
Medical Attendant

Undertaker, Jacob Davis

Place of Business, Lee Street

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by - J. V. Fitzpatrick [M.D.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention ... of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Hammer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 63 *Years,* 2 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number} 1st 414. Cross st

Cause of Death, First, (Primary,) Pthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Lauderdale's

Date of Burial, July 25

Undertaker, J. Pole

Place of Business, 25 Eastern Ave

C. L. Buddenhagen M. D.
Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of the ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3318

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Dignan

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ~~27~~ 33 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seamstress

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland 30 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 117 E. Eager

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral cemetery

Date of Burial, July 24 1879

Undertaker, James, O. Byrne

Place of Business, 463 N Front St

Thos. S. Latimer M.D.
Medical Attendant.

Address, 184 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT...

Permit No. 33819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 23d 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Mospole

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 4 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 60 Philpot St

Cause of Death, { First, (Primary.) — Second, (Immediate.) Measles

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 25th 1879

Undertaker, Jos E Khast

Place of Business, Canton Ave

Address, Comm of Health

Thos H Buckler M. D.
Attending Physician

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Lee E. Taylor [OVER.]

...ificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Malek

Sex, Male or Female, {cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 34 Barnet

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number} 32 Barnet St

Cause of Death {First, (Primary,) Coup de Soleil / Second, (Immediate,) Exhaustion

Duration of last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius

Date of Burial, July 25th 1879

Undertaker, Adam Fink

Place of Business, 46 N. Gay St.

E Geo Wallis M. D.
Medical Attendant.

Address, 27 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

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...ons on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 of July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mabel Arriles

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ~~Years~~, / *Months,* / *Days*

Color, Colard

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} No 36 Davis

Duration of Residence in the City of Baltimore, All time

Place of Death, {Give street and number.} No 36 Davis

Cause of Death, {First (Primary,) Summer Complaints / Second (Immediate,) one week

Duration of Last Sickness, /

All the above information should be furnished by the Physician.

... of Burial, Laurel Cemetery

... of Burial, July 24 1879

...ndertaker, John. C. Jordon

Place of Business, 63 Park Ave

F H Smith M.D.
Medical Attendant.

Address, No 36 Davis St
Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

...CTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ... Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ... forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, ...s the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, ...e cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillis Peck

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, One *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} At in rear of 255 Hughes St

Cause of Death First, (Primary,) Dentition

Second, (Immediate,) Chol Infantum

Duration of last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, July 25 1879

James A Steuart M. D.
~~Medical Attendant.~~

Undertaker, H. Ross

Place of Business, Conway St *Address,* Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examd John A Coulston M. D.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Permit No. 33823

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Georgie Buncher

Sex, Male ~~or Female,~~ { Cross out the words not required in this line. }

Age, *Years,* 6 *Months,* *Days*

Color, White

~~Married,~~ Single, Widow or ~~Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 230 Hoffman St

Cause of Death, { First (Primary.) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, 27th of July.

Undertaker, Fred Gaede.

Place of Business, 49 S. Eastern

Geo. I Kammerer M. D.
Medical Attendant.

Address, East Ost

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention ... of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33524

HEALTH DEPARTMENT JUL 25 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz Salla

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balti City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 263 Aliceanna st

Cause of Death, First, (Primary.) Cholera infantum

Second, (Immediate,) —

Duration of last Sickness, I do not know, have seen the child after it died

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels and Leonards

Date of Burial, 25 July

L C Winternitz M. D.
Medical Attendant.

Undertaker, Henri Boisi

Place of Business, Aliceanna St. *Address,* 125 Edonard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Kline

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 134 S. Exeter

Cause of Death, First, (Primary,) Gastro Intestinal Catarrh

Second, (Immediate,) Convulsions

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, July 25 79

Abram B Gould *M. D.*
Medical Attendant.

Undertaker, ———

Place of Business, ———

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Allen

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 11 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 248 William St

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate,)

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Bala Cemetery

Date of Burial, July 27th 1879

Theodore Cook *M. D.*
Medical Attendant.

Undertaker, D. Pate

Place of Business, 411 Eagle St *Address,* 248 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael Pinnick

Sex, Male or ~~Female,~~ {cross out the word not required in this line.} F

Age, — *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 257 Pennsylvania Ave

Cause of Death, First, (Primary,) Cholera Infantum [illegible]

Second, (Immediate,) Exhaustion & Congestion of Brain

Duration of last Sickness, 6 Hours

All the above information should be furnished by the Physician.

Place of Burial, Society Church Cemetery

Date of Burial, July 26th 1879

Undertaker, Peter Frey

Place of Business, 91 Eutaw St

[illegible] M. D.
Medical Attendant.

Address, 257 Pennsylvania Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of ... of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33828

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Kahl

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~

Age, ~~Years,~~ 9 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ~~Single~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 102 East Ave

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 25th 1879

Undertaker, Peter Frey

Place of Business, 91 Eden da

H. Liebmann M. D.
Medical Attendant.

Address, 223 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Bo...

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Bailey

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* 20 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 228 Vine St

Cause of Death { First, (Primary,) — Second, (Immediate,) — Consumption

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, July 25th 1879

James A Lewis M. D.
Medical Attendant.

{ *Undertaker,* Saml W. Chase
{ *Place of Business,* S. Howard St. *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OVER.

Exam by Jos. V. Fitzpatrick

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23d 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Jefferson Hunter

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brick Layer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington County, Md.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 154 German St

Cause of Death First, (Primary,) Pneumonia, chronic

Second, (Immediate,) " "

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, July 25/79

A. C. Fox M. D.
Medical Attendant.

Undertaker, Thos H. Rothel

Place of Business, 150 German St *Address,* Cor Fayette & Schroeder sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 25
1879
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24th. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Schmueker

Sex, Male or Female, {cross out the word not required in this line.} Fem'l

Age, Sixty six *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 40 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 126 Somerset St

Cause of Death First, (Primary.) Heart disease

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Lutheran Cemetery

Date of Burial, July 25th/79

Undertaker, Geo Schilling

Place of Business, Ashland & Lyman

J. C. McCann M. D.
Medical Attendant.

Address, Crown E. Fish.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J. Dunnavant

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Thirty Four *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Tinner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Richmond Virginia

Duration of Residence in the City of Baltimore, Thirteen Years

Place of Death, {Give street and number} No. 32 Wyeth St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, July 24 1879

Undertaker, W. H. Lane

Place of Business, Fremont Balto

J. Tyler Smith M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention o… …ertificate.

Board of Health, City of Baltimore,

Permit No. 33833

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Birdie Jones

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* 17 *Days.*

Color, ~~ed~~

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Shut et n 23

Cause of Death, First, (Primary,) Insufficient feeding on Mothers milk

Second, (Immediate,) Indigestion Convulsions

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Albany Evergreen Cem.

Date of Burial, July 25th 1879 E C Baldwin M. D.

Medical Attendant.

Undertaker, Theodore Locke

Place of Business, 13 Jefferson st *Address,* 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33834

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Frey

Sex, Male or Female, {cross out the word not required in this line.}

Age, *Years,* 8 *Months,* *Days.*

Color, colored

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co. Md

Duration of Residence in the City of Baltimore, 7 mos

Place of Death, {Give street and number} No 140 Eastern ave

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) exhaustion

Duration of last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, July 25 1879

Undertaker, Charles A White

Place of Business, 35 Granby st

E. Jos Wallis *M. D.*
Medical Attendant.

Address, 27 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 26 BALTIMORE

Permit No. 33835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Wm Dickinson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.,} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 27 Butler Alley

Cause of Death, {First, (Primary,) Scarlet Fever

{Second, (Immediate,) "

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemy

Date of Burial, July 26 1879

S. A. Bell M. D.
Medical Attendant.

Undertaker, Armstrong & Dang

Place of Business, Light St *Address,* 161 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Botzler

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months.~~ 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 37 Burke St.

Cause of Death {First, (Primary.) Cyanosis

{Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, July 25th 1879

Undertaker, H. Fruchtel

Place of Business, 246 Easton St.

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Dickes

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* X *Months,* 7 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 2 Parrish Alley

Cause of Death, First, (Primary.) Malnutrition

Second, (Immediate,) Marasmus

Duration of last Sickness, some months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 26

Undertaker, L H Cook

Place of Business, 702 West Balto St *Address,* 553 N Gilmor St

W. F. Kemp *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33838

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna McCutchings

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, — *Years,* 10 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 105 Cross Str.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) 2 weeks

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 27 79

Undertaker, Spradley & Deny

Place of Business, No 1632 Jh St

R. L. H. Tall M. D.
Medical Attendant.

Address, 1525 Lan

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33839

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisey Florence Dorsey

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 22 Bolton Alley

Cause of Death First, (Primary,)

Second, (Immediate,) Summer Complaint

Duration of last Sickness, all her life delicate

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 26th 1879

Undertaker, C H. Blizzard

Place of Business, Penn Ave

James H Adams M. D.
Attending Physician

Address, Comm of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Beverly Bigg

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[OVER.]

The Special Attention

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33840

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank K. Brown

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 56 *Years,* *Months,* ? *Days.* ?

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 36 years about

Place of Death, { Give street and number } rear of 23 Lexington st,

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Pulmonalis

Duration of last Sickness, 6 Months 2 years

All the above information should be furnished by the Physician.

Place of Burial, Cathedral or Cem

Date of Burial, July 27th 1879

Undertaker, B. Chase

Place of Business, 41 Light St

Samuel Hunt M. D.
Medical Attendant.

Address, 108 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael T Burke

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 17 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } —

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 47 Jenkins alley.

Cause of Death, { First (Primary,) Phthisis Pulmonalis

Second (Immediate,) 1 year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem'y

Date of Burial, July 26th 1879

Undertaker, Joseph Byrne

Place of Business, 8 N. Eutaw St.

Geo. B. Reynolds M.D.
Medical Attendant.

Address 43 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33842

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Colwell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, Months, 10 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 85 Greenmount Ave

Cause of Death {First, (Primary,) Second, (Immediate,)} Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, July 26-1879

Undertaker, Lee W. Colwell

Place of Business, 85 Greenmt

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33843

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant daughter of W. H. and Mc Pearson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 hours ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 53 Warren av

Cause of Death First, (Primary,) unknown

Second, (Immediate,)

Duration of last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Balle Cemetery

Date of Burial, July 26th 1879

H W Webster M. D.
Medical Attendant.

Undertaker, John E. Hough

Place of Business, Penna Ave *Address,* 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant son of W H and ~~Ed~~ M E Pearson

Sex, ~~Male~~ Female, {cross out the word not required in this line.} Male

Age, Two hours ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 53 Warren av

Cause of Death { First, (Primary,) unknown
Second, (Immediate,)

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 26 1879

Undertaker, Lotin E Keogh

Place of Business, Penna ave *Address,* 57 Bauer

H W Webster M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 26 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gerhard Bopel

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Oldenburg Germany 29 yrs in Am

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, {Give street and number} St Josephs Hospital

Cause of Death First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, St. Aloysius

Date of Burial, July 27 1879

Undertaker, [illegible]

Place of Business, [illegible]

Oscar Kistler M. D.
Medical Attendant.

Address, 188 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]

The Special Attention of [illegible] te.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar Mous

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 18 *Months,* ____ *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} "

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 18 mos

Place of Death, {Give street and number} N° 72 Harford ave

Cause of Death, {First, (Primary.) ____ Second, (Immediate,) Marasmus

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemb

Date of Burial, July 26th 1879 | J H Patterson M. D. Medical Attendant.

Undertaker, Hall & Gray

Place of Business, 65 Mulberry St. | *Address,* 25 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Ellis

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary.) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 1879

..... *M. D.*
Medical Attendant.

Undertaker, James Carlin

Place of Business, Fountain & Co *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25: 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggy Hofling.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* 4 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 5 South Durham St

Cause of Death, First (Primary.) —

Second (Immediate.) Cholera Infantum

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, July 26

Undertaker, Hamilton Dixon

Place of Business, Bond St 451

J. A. Sullivan, M. D.
Medical Attendant.

Address 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

I only saw this child on Henderson's Wharf as its mother was taking it on an Excursion. It only lived a few hours after.

COVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1879 BALTIMORE

CERTIFICATE OF DEATH..

Date of Death, July 26. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Orville Lochner

Sex, ~~Male~~ *or Female,* { cross out the word not required in this line. }

Age, _____ *Years,* _____ 5 *Months,* _____ *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number } 48 Lubeary St.

Cause of Death, { First, (Primary,) } Cholera Infantum

{ Second, (Immediate,) } & Meningitis

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, H. Presbyterian

Date of Burial, July 27th

Undertaker, [illegible]

Place of Business, [illegible] 151

G. A. Leek M. D.
Medical Attendant.

Address, Balt. & Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33850

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wald

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* seven *Months,* twenty-two *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 43 s Wolfe ste

Cause of Death, First, (Primary.)

Second, (Immediate,) Cholera morbis

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, H. Lutheran Cem

Date of Burial, July 27 79

Undertaker, Jno Tyler

Place of Business, 1 Bond st

John L Litzer M. D.
Medical Attendant.

Address, 160 Saratoga ste

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. E. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33851

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arunah Geo Dailey

Sex, Male or Female, {cross out the word not required in this line.}

Age, —— *Years,* 10 *Months,* —— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 308 S. Paca

Cause of Death {First, (Primary.) Cholera Infantum

{Second, (Immediate,)

Duration of last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, July 27 1879

Edwd. F. Michael M. D.
Medical Attendant.

Undertaker, H. W. Jenkins & Sons

Place of Business, Light St *Address,* 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26 / 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nellie Burch

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 3 8 *Years,* ... *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Domestic

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 38 Yrs.

Place of Death, { Give street and number } 274 E. Lombard St

Cause of Death { First, (Primary,) Tuberculosis & Fistula in ano. / Second, (Immediate,) Asthenia

Duration of last Sickness, 4 Mos.

All the above Information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, July 27th 1879

Undertaker, H. Frechlich

Place of Business, 246 Eastern Av

David Streett M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Bell

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 55 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Blacksmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland - 30 yrs

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number} City - Hospital

Cause of Death {First, (Primary,) Pulmonary Tuberculosis
Second, (Immediate,) Asthenia

Duration of last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, New L

Date of Burial, 27 July

Undertaker, Henry Willears

Place of Business, 45. N. Gay St

David Steel M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Della Smith

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ~~Years,~~ Two *Months,* Eighteen *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} No 9 Bowdon Court

Cause of Death { First, (Primary,) Hereditary Phthisis
Second, (Immediate,) Six weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp st

Date of Burial, July. 26th

Undertaker, J. Davis

Place of Business, 103 Lee st

J. D. Dyer *M. D.*
Medical Attendant.

Address, 146 Hull st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Wheels

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* 24 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Leibelein

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 61 E. Biddle st Northern Malignan

Cause of Death {First, (Primary.) Second, (Immediate,)}

Duration of last Sickness, 40 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 27th

Undertaker, Geo Schilling

Place of Business, Ashland Square *Address,* Broadway & Gaudeston

Wm L Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

... of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT ... 272 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emil M. Fowler

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 1 *Years,* 6 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } [illegible]

Cause of Death, { First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmell Cemetery

Date of Burial, July 27th 1879

M. D.

Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Felix J. Morgan

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 18 *Years,* 4 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 6 N. Eist Street

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 27th 1879

Undertaker, H. H. Gilmore

Place of Business, 321 East Baltimore

David C. Hazen M. D.
Medical Attendant.

Address, 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James C. Cattlin

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Year,* 4 *Months,* *Days.*

Color, colored,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md. since birth

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} Jones Court

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,) Congestion

Duration of last Sickness, 2 days,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St

Date of Burial, July 26

Undertaker, Shed Locks

Place of Business, 73 Jefferson St

G. G. Keek *M. D.*
Medical Attendant,

Address, Balt. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert H. Coleman

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, ~~Years~~, 3 *Months,* ~~Days~~

Color, Colored

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 179 Mulliken st

Cause of Death, First (Primary,) Cholera Infantum

~~Second~~ (Immediate,) (5 days)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 27 1879

Undertaker, Wm N. Dunger

Place of Business, No 62 East st

Thomas B. Evans M.D.
Medical Attendant.

Address. 92 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians are respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Child of D. H. & M. Kennedy

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 10 Hours

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Com of Pennsylvania

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 286 Ramsay St

Premature Birth

Cause of Death { First, (Primary.) / Second, (Immediate.)

Duration of last Sickness, 10 Hours

All the above information should be furnished by the Physician.

Place of Burial, Ft Peters

Date of Burial, July 27 1879

Undertaker, E B Lovett

Place of Business, W Saratoga St

James A Steuart M. D.
~~Medical Attendant.~~
Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OVER

Board of Health, City of Baltimore.

Permit No. 33861

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26th July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie C. Stouse

HEALTH DEPARTMENT JUL 27 2 1879 BALTIMORE

~~Sex, Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 594 Light Street

Cause of Death {First, (Primary.) Dysentery.
Second, (Immediate,) Exh. Burns & convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 28

Undertaker, B. Hurle

Place of Business, 111 Light St

Augustus W. Dodge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 79 Robinick

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Frobrick

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 76 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Hanover.

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number} 177 E Eden

Cause of Death, First, (Primary.) Senile decay

Second, (Immediate.) —

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 28th

J. D. Arnold M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, — *Address,* 7 S High St

HEALTH DEPARTMENT JUL 27 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38863

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26th July 1879 Coroner

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria E Schaner

HEALTH DEPARTMENT JUL 1879 BALTIMORE

Sex, Male or Female, {cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, W.

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 18 Years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Cor. Ft. Avenue & Wm. Sts

Cause of Death {First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, 2 Years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 28th

Augustus W. Dodge M. D.
Medical Attendant.

Undertaker, T. N. Trail

Place of Business, #131 Hanover *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...special attention of ... to the items as below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33864

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Josephine Mc Cann

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Thirty Nine *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single,~~ Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No. 100 Chew Street.

Cause of Death, First, (Primary.) Cancer of the Breast

Second, (Immediate.) Consumption

Duration of last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 28. 1879

Wm H. Clendinen M. D.
Medical Attendant.

Undertaker, M A Dwyer

Place of Business, 74 S. Broadway *Address,* No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. S. DOBLER & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33865

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 2 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Phil Burns

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~~ *Years,* 10 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 28 Bank st

Cause of Death { First, (Primary,) Perineal Abscess / Second, (Immediate,) Asthenia

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. cemetery

Date of Burial, July 29th

Undertaker, W. O Funk

Place of Business, 35 Barre *Address,* 2 Bond

E. M. Bitter *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant of C. H. & S. Burke

Sex, ~~Male~~ *or Female,* { cross out the word not required in this line. } Female

Age, ... *Years,* ..... *Months,* 9 Months

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } 176 E Lexington

Cause of Death { First, (Primary,) ..... Pneumonia Bronchitis
Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 27 79

Undertaker, Mc Funk

Place of Business, ...

Thomas A Chunn M. D.

~~*Medical Attendant.*~~ Physician

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Ponce

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 14 *Years,* ____ *Months,* ____ *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 50 (P E) Orphan Asylum Myrtle Avenue near Carmine St

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate,) Pulmonales

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Edmund R Walker M. D.
Medical Attendant.

Undertaker,

Place of Business, *Address,* 183 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

[illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Fenn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 83 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Connecticut

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 134 N. Fremont street

Cause of Death, {First (Primary,) Cancer of Tongue + Osteosarcoma of Chin
Second (Immediate,) Exhaustion

Duration of Last Sickness, about 3 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 27th.

Undertaker, C H Blizzard

Place of Business, 201 Pa. avenue

J. J. Gibbons *M. D.*
Medical Attendant.

Address 4 E Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Marcpole

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Fifty Six *Years,* Seven *Months,* One *Days.*

Color, White

~~Married,~~ ~~Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, House Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Concord Delaware

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} #59 President St

Cause of Death {First, (Primary,) Jaundice

{Second, (Immediate,)

Duration of last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, July 27th

Undertaker, H. Tiffel

Place of Business, 151 Bond

Geo. S Kinnemon M. D.
Medical Attendant.

Address, 73 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G. Stone

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number} 123 West St.

Cause of Death { First, (Primary,) Diarrhoea. / Second, (Immediate,) Neglect. } {Received for on the 12th / have not seen the Child since

Duration of last Sickness, about 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 28th

Undertaker, Hercules Ross

Place of Business, 95 Conway St.

J. G. White M. D.
Medical Attendant.

Address, Hilton Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Cook

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Sommerset Co Md

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number} # 3 Thames St

Cause of Death First, (Primary,) Typhoid fever

Second, (Immediate,) Exhaustion

Duration of last Sickness, fifteen days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 28/879

Undertaker, Thos S Hughes

Place of Business, 61 E. Baltimore St

E Jas Wallis M. D.
Medical Attendant.

Address, 27 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday July 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Collins

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, Twenty five *Years,* Three *Months,* Seventeen *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ Widower

Occupation, Tailoress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Maryland

Duration of Residence in the City of Baltimore, Twenty one Years

Place of Death, {Give street and number.} No 19 N. Spring st

Cause of Death, {First (Primary,) Rheumatism

{Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Balto City

Date of Burial, July 28th 1879

Undertaker, A. Schuellhase

Place of Business,

J. E. Gorsuch M. D.
Medical Attendant.

Address Cor. Aisquith and Fayette sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38873

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Cunard

Sex, Male or Female, {cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Saccean

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England,

Duration of Residence in the City of Baltimore, 88 days.

Place of Death, {Give street and number} University Hospital

Cause of Death First, (Primary,) Bronchitis and Pericarditis Pleural

Second, (Immediate,) Pneumonia

Duration of last Sickness, 3 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, July 26 1879

Undertaker, Fred C. Ketchner

Place of Business, 50 Carrollton Ave.

T. B. Bruce M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 29 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Lambert

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Six *Years,* five *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} 40 Stockholm Street

Cause of Death { First, (Primary,) Fall (Then) Spinal Meningitis
Second, (Immediate,) Diphtheria
Two Weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial. July 28th

Undertaker, Hercules Ross

Place of Business, 95 Conway St.

J. L. Lee M. D.
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emil Lauck

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 55 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 28th 79 ..... *M. D.*
Medical Attendant.

Undertaker, C. H. Krause

Place of Business, 209 Hanover *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Mason

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 234 Eutaw st

Cause of Death, First, (Primary.)

Second, (Immediate,) Dysentery

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 29th 79

Undertaker, C. F. Krause

Place of Business, 209 Hanover Address, 209 Hanover st

Dr. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OT.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Kennedy

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, Four *Years,* 2 *Months,* 16 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None.

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number} 160 N. Front St.

Cause of Death, First, (Primary.) Diphtheria.

Second, (Immediate,) Asthenia.

Duration of last Sickness, 12 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, July 28th 1879

J. M. Chamberlain M. D.
Medical Attendant.

Undertaker, P. F. Kennedy

Place of Business, 160 N. Front St. *Address,* 210 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle Hostman

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Born Here

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 523 Light St

Cause of Death, First, (Primary.) Teething & Heat

Second, (Immediate,) Dr Cholera Infantum

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, David Hill

Date of Burial, July 28

Undertaker, Jo B Cook

Place of Business, 707 west Bal St

Theodore Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FIL

Bureau of Vital Statistics, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Conrad Hillebrandt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Sixty *Years,* Six *Months,* Twenty Six *Days.*

Color, White *Sex,* male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Brickmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty Years.

Place of Death, {Give street and number.} 401 Canton Avenue

Cause of Death, First (Primary,) Cancer of the Stomach

Second (Immediate,)

Duration of Last Sickness, Ten months.

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cem. A. Schwartz *M. D.*

Date of Burial, July 28th Medical Attendant.

Undertaker, Albert Snader *Address* Elliott & Hanlon Sts.

Place of Business, 952 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Fullerton

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 77 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 50 years

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number} 265 N. Howard St

Cause of Death {First, (Primary,) old age

Second, (Immediate,) Debility

Duration of last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery

Date of Burial, July 29th 1879

Undertaker, John D. Andrews

Place of Business, Druid Hill Ave

James A Steuart M. D.
Medical Attendant.

Address, Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman

Board of Health, City of Baltimore,

Permit No. 33881

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Leach

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 173 Jefferson St.

Cause of Death {First, (Primary,) Meningitis

{Second, (Immediate,) Erysipelas

Duration of last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 28

Undertaker, Fry & Bro

Place of Business, 5th & Broadway

G. Glauerlaun M. D.
Medical Attendant,

Address, Balt. & Pas. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 33882

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 28 1879 BALTIMORE

Date of Death, July 27 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Hart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 9 Months, Days.

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} N. Chester St.

Cause of Death, First (Primary,) ....

Second (Immediate,) Entero-Colitis.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, July 28

Undertaker, Fry & Bro

Place of Business, 54 to Broadway

L. C. Gordon, M. D.
Medical Attendant.

Address 311 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Sellu

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 5 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 46 N. Exeter

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Spasms

Duration of last Sickness, one Week

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

G. Sibrenner M. D.
Medical Attendant.

Address, 223 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 33884

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th July 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Scott

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 59 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 546 W Balto St.

Cause of Death, First (Primary,) Chronic Bronchitis

Second (Immediate,) Cardiac Dropsy, & Debility

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, July 29th 1879

Geo. G. Brewer M. D.
Medical Attendant.

Undertaker, H. Lewis Schaefer

Place of Business, 109 N Fremont St *Address* 258 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann. Wilkinson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} District of Columbia

Duration of Residence in the City of Baltimore, 70

Place of Death, {Give street and number} 148 Gold St

Cause of Death {First, (Primary,) Second, (Immediate,)} Old Age

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 29' 1879

Geo. N. Dennis M. D.
Medical Attendant.

Undertaker, John S. Mackie

Place of Business, Pace St *Address,* 44 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 33886 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 29 1879 BALTIMORE

Date of Death, July 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Zadyl Jeremiah Keady Parents

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Cor Fremont & Patterson Ave

Cause of Death — First, (Primary,) Asthenia (Tony Small)

Second, (Immediate,)

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, July 28th 1879

Undertaker, Jeremiah Keady

Place of Business,

Edwd F. Michelbacher M. D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1879,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Godmare

Sex, Male or Female, {cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 60 yrs.

Place of Death, {Give street and number} 896 W Balt st.

Cause of Death First, (Primary.)

Second, (Immediate.) Heart disease, but what variety I cannot say as death was sudden.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial London Park Cem

Date of Burial July 30th 1879

Geo C Gle Coroner *M. D.*
Medical Attendant.

Undertaker, Delany & Mitchell

Place of Business, 530 W Fayette St *Address,* 229 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emory F. Dickerson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} # 27 Cutter Alley

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate,) "

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 28 1879

Undertaker, Arnold Dorsey

Place of Business, Light St

Q. V. Bell M. D.
Medical Attendant.

Address, Mct & Sharp Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 33889

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 29 1893 BALTIMORE

Date of Death, July 26th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Margaret Lorenz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 9 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Belair Avenue

Cause of Death, First (Primary.) Cholera Infantum

Second (Immediate.) Asthenia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, July 28th

Undertaker, Henry Bein

Place of Business, 252 Alice Ann St.

A. Klein, M. D.
Medical Attendant.

Address 195 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE

Date of Death, ... 22nd July 1875

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ... Lee D R Peters

Sex, Male or Female, {cross out the word not required in this line.} ...

Age, ... 1 ... *Years,* 10 ... *Months,* 1 ... *Days.*

Color, ...

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or country, (and how long in the United States. If of foreign birth.} ... Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} ... No 7 Somerset St

Cause of Death {First, (Primary,) ... Carpula -

Second, (Immediate,) ... Debility

Duration of last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, 24 July 4 Oclock

Undertaker, Geo. C. Rodenmyer

Place of Business, 38 Eutaw Street

Saml T. Powell M. D.
Medical Attendant.

Address, No 7 Somerset St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Evelyn L. McGuire

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} Female

Age, 14 *Years,* *Months,* 20 *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md. Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 100 E. Pratt St.

Cause of Death { First, (Primary,) Typhoid Fever complicated with Pneumonia

Second, (Immediate,)

Duration of last Sickness, abt. 12 days.

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, July 29th 1879

Geo. S. Kunnemon M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 73 E Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1879

CERTIFICATE OF DEATH.

Date of Death, July 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas B. Jones

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 22 *Years,* 6 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Mariner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 325 E. Baltimore Street

Cause of Death First, (Primary,) Cerebral Apoplexy

Second, (Immediate,)

Duration of last Sickness, 18 Hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 29th 1879

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway *Address,* 229 E Baltimore Street

Samuel C. Donnelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Bureau of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Fox

Sex, Male or Female, {cross out the word not required in this line.}

Age, Years, 3 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 203 Frederick Ave.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 203 Frederick Ave.

Cause of Death { First, (Primary.) Tubercular Meningitis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 29

Undertaker, J. Block

Place of Business, 707 West Baltimore *Address,* 1040 Fulton Ave

R. L. Kuan M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 33894

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Rebecca Charity

Sex, ~~Male.~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 26 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 182 Warner St

Cause of Death {First, (Primary,) Chronic Infantum

Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemet

Date of Burial, July 28 1879

James H Clemens M. D.
~~Medical Attendant.~~

{*Undertaker,* David W. Chase

{*Place of Business,* S. Howard St

Address, Coroners office
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by - Jos V. Fitzpatrick

OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... BALTIMORE JUL 28 1879

CERTIFICATE OF DEATH.

Date of Death, July 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Noah Alexander McCleary ~~26~~

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, Six *Years,* nine *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 74 McElderry St

Cause of Death, First, (Primary,) Worms suppression of, with dropsy

Second, (Immediate,) Suffocation

Duration of last Sickness, About six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 28th, 879

Undertaker, Wm. H. Hickman

Place of Business, 234 N Gay st.

Milton A. Taylor M. D.
Medical Attendant.

Address, Mc Elderry st & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Neely Mulhern

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~28~~ 55 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, Sailor Trader —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Finland —

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number} Ft of Frame St 282 N. Gilmor

Cause of Death, First, (Primary,) —

Second, (Immediate,) Drowning SL

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 28th 1879

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

A. G. Leland M. D.
Medical Attendant.

Address, Coroner C. H.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUL 28 1879 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Smith

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 1 *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } 1 Eutaw Place

Cause of Death, { First, (Primary) ..... Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 28th 1879

Undertaker, H. H. Gibmeyer

Place of Business, 241 Eutaw St.

Wm. H. Gott, M. D.
Medical Attendant.

Address, 1 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th. July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Riesgeder

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* — *Days.*

Color, white.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number} S. Bond Street 252.

Cause of Death, First, (Primary,) Entero peritonitis

Second, (Immediate,) Paralysis abdominalis

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holloways Lane.

Date of Burial, July 28th

Undertaker, [illegible]

Place of Business, [illegible] Bond St 151

William Henkel M. D.
Medical Attendant.

Address, S. Bond St. 252

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUL 28 1879 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27 - 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herrmann Ludwig Brand

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, One *Years,* three *Months,* twenty seven *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City - Md.

Duration of Residence in the City of Baltimore. Life time

Place of Death, {Give street and number.} 172 S. Bond St. Balto -

Cause of Death, First (Primary,) Marasmus

Second (immediate,) Asthenia

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel Cem.

Date of Burial, July 29th

Undertaker, W. Bigel

Place of Business, 2 Bond St. 151

Albert B. Lyman M. D.
Medical Attendant.

Address 375 E. Balto. St. - Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th, July; 5:55 O'clock, P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Smith

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Three *Years,* 2 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Carroll Co. Balto. Co. Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 147 Burgundy Alley

Cause of Death, {First (Primary,) Anasarca Albumin, Bladder Trouble. Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 29 Tue 1879

Undertaker, Philip J. Dill

Place of Business, 183 Columbia Ave.

Geo. W. Robertson M.D.
Medical Attendant.

Address. 106 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 83901.

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Klingmeyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirteen *Years,* Eleven *Months,* Seven *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 248 Mulberry St Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 20 Patapsco St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, July 29th 1879

Undertaker, A. Weidemeyer

Place of Business, W. Balto St

J. Clark Elder M. D.
Medical Attendant.

Address 52 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 33902

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Estelle (Illegitimate)

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 88 Penn alley

Cause of Death { First, (Primary,) Tubs — (Mal nutrition) Formed out
Second, (Immediate,) Inanition

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 28 1879

Undertaker, W. H. Bostick

Place of Business, Druid Hill av

James A Steuart M. D.
Medical Attendant

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33903

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Fisher

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 20 Brown st

Cause of Death, First, (Primary.) Measles

Second, (Immediate,) Pneumonia

Duration of last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 29th

Undertaker, Henry Brickle

Place of Business, Hanover St 81

Theodore Leidy M. D.
Medical Attendant.

Address, 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 33907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Coulson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* 5 *Months,* 13 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeping

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 26 yrs 5 m 13 days

Place of Death, {Give street and number.} 114 Martin st

Cause of Death, {First (Primary,) Dysentery
Second (Immediate,) Abdominal Tumor Dropsy

Duration of Last Sickness, About three years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 29th 1879

Undertaker, Wm T Scriven

Place of Business, 211 N Eutaw st

H. H. Sloan, M. D.
Medical Attendant.

Address 351 Fremont st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 33905

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Hecht

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 28 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 111 E. Broad

Cause of Death, { First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cemetery

Date of Burial, July 26. 1879

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

S. W. Mickle M. D.
Medical Attendant.

Address, 1212 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases o

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 33906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27 - 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Conye (Colored)

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 27. *Years,* *Months,* *Days.*

Color, Mulatto Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Oyster Shucker & Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number} 66 Jasper St.

Cause of Death, First, (Primary,) Rheumatism - Endocarditis - Aortic

Second, (Immediate,) Uremia - Mitral regurgitation (Asthma)

Duration of last Sickness, One week ill - Sickness Date from Christmas 1878

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 29 - 1879

Undertaker, John C. Jordan

Place of Business, No 63 Park Ave

Chas. John Johnston M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltim

OFFICE OF REGISTRAR OF VIT

Permit No. 33907

The Physician who attended any person in a last illness is responsible for the presentation of this Certific... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Collitt

Sex, Male or Female, { cross out the word not required in this line. }

Age, — *Years,* — *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 383 Hanover

Cause of Death, { First, (Primary,) { Second, (Immediate,) Convulsions

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, July 29, 1879

Undertaker, J. B. Blackistone

Place of Business, 606 Batt st

Harold Cook M. D.
Medical Attendant.

Address, 115 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 33908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mr Thomas H. Nicholson

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Twenty Seven *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Plasterer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No 105 N. Broadway

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Consumption

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 29. 1879

Undertaker, M. A. Dawson

Place of Business, 74 S. Broadway

Wm H Clendinen, M. D.
Medical Attendant.

Address, No. 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

OFFICE OF REGISTRAR OF VITA

Permit No. 33909

The Physician who attended any person in a last illness is responsible for the presentation of this Certifi*cate*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sai sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Hill

Sex, Male or Female, {cross out the word not required in this line.}

Age, Years, Five Months, Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 10 Brannon's Ct. Hughes st

Cause of Death { First, (Primary,) Diarrhea
Second, (Immediate,) Exhaustion

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, July the 29

Undertaker, Owens & Whitty

Place of Business, 226 Eastern Av

Collins Hall M. D.
Medical Attendant.
Southern Dispensary
Address, 77 Hill st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimor

Permit No. 38910

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6 July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Hinson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Dallis st cemetry

Date of Burial, July 29) 1879

Undertaker, Theodore J. Locks

Place of Business, No 73 Jefferson st

M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or ~~Female~~, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) ..... }

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 29th 1879 ..... *M. D.*

Medical Attendant.

{ *Undertaker,* Fred. J. Locks

Place of Business, 73 Jefferson St. *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 27 July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} P. Steinmeyer

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, ... *Years,* ..... *Months,* 6 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 9 Sharp St. 85

Cause of Death, First (Primary,) seven months child

Second (Immediate,) Weakness

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, 9 Aisthonous Court

Date of Burial, 29 July 1879

Undertaker, C. Kimball

Place of Business, Park St.

L. L. Reinhard M.D.
Medical Attendant.

Address. 224 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38913

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J George Wirth

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 39 Years

Place of Death, {Give street and number} 92 N Fremont St

Cause of Death, First, (Primary.) Chronic Hepatitis

Second, (Immediate,) Dropsy

Duration of last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Loudenn Park

Date of Burial, July 29th 1879

J J Knight M. D.
Medical Attendant.

Undertaker, P. Kennnert

Place of Business, Mulberry St *Address.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

...tions on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 28 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Thomas

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, \ *Years,* 5 *Months,* *Days.*

Color,

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 32 Elizabeth Lane

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Mathias Cemetery

Date of Burial, July 29

Undertaker, H Price

Place of Business, Fremont St 81 *Address,* 315 Light St

R.W.T.P. Ellis *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...special attention of Physicians respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emmerson Clay.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 534 South Charles St

Cause of Death, First, (Primary.) Cholera-Infantum

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Frederick City

Date of Burial, July 28 1879

J. O. Harrington M. D.
Medical Attendant.

Undertaker, Armstrong Bros

Place of Business, 263 Light St *Address,* 321 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Frame 1484

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosalia M. Bowman

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 3 *Years,* 10 *Months,* 8 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. Never Left

Place of Death, {Give street and number.} 193 Bergundy St.

Cause of Death, {First (Primary.) Cerebro Spinal Meningitis

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wyoming Cemetery

Date of Burial, July 30 1879

Undertaker D O Bynum

Place of Business, Eutaw St

J G Woodall
G H Bowman M. D.
Medical Attendant.

Address 203 N Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28/79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Upton Wilson York

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ... *Years,* 23 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 123 N. Bond St.

Cause of Death First, (Primary,) Tabes mesenterica

Second, (Immediate,)

Duration of last Sickness, 6 mos,

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, July 30th

R. W. Mansfield M. D.
Medical Attendant.

Undertaker, Albert Sander

Place of Business, 212 Eastern Ave. *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ing to List of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Hartsfield

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Maid of all work

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 160 Philpot St

Cause of Death First, (Primary,) Remittent Fever.

Second, (Immediate,)

Duration of last Sickness, abt 6 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 30th 1879

Undertaker, C. Eckhard

Place of Business, 269 Canton Ave

E. L. Kinsinger M. D.
Medical Attendant.

Address, 93 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Peters

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, *Years,* 7 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Dries Birth

Place of Death, { Give street and number } 746 E Chase St

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Eclampsia

Duration of last Sickness, Ten (10) Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 30th 1879.

Undertaker, Adam Fink

Place of Business, 461 N. Gay St.

S W Shown M. D.
Medical Attendant.

Address, S E Cor Eager & Carlin's Wf

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 28, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard L. Fetter

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 317 N. Charles St.

Cause of Death, First, (Primary.) Heart and Arterial Renal

Second, (Immediate.) Cystic Peritonitis

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 29th

Geo. Frick M. D.
Medical Attendant.

Undertaker, B. Hurle

Place of Business, 4 N. Eutaw St. *Address,* 106 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hoopman

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 433 E. Fayette st

Cause of Death {First, (Primary.) Coup de Soleil

Second, (Immediate,) Meningitis

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, N. Westminster

Date of Burial, July 30th

Undertaker, C. Smith

Place of Business, 36 Bank st

G. G. Cusk M. D.
Medical Attendant.

Address, Balt. & Mad. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Richards

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Sixty four *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Hostler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annarundle County Maryland

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 17 Carlton St

Cause of Death, { First (Primary,) Asthma
Second (Immediate,) Anasarca

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St (~~Methodist~~ Cemetery)

Date of Burial, July 29th 1879

Undertaker, S. W. Chase

Place of Business, 55½ Saratoga St

Jos. E. Blagett M. D.
Medical Attendant.

Address 18 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 29 1919 BALTIMORE

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary.) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 29 1919 ..... *M. D.*

Medical Attendant.

Undertaker, S. P. Chase

Place of Business, 198 S. Howard St *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 29 1879 BALTIMORE

Date of Death, July 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Gordon

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* ..... *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 26 Morris al.

Cause of Death { First, (Primary,) Cholera Infantum, / Second, (Immediate,) Collapse

Duration of last Sickness, about 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn

Date of Burial, July 29th 79

Undertaker, Chas J. Screven

Place of Business, 270 Eutaw St

R. C. Wins *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28 July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Pforr

Sex, Male or Female, {cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, wht

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tinner and stove dealer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number} 128 Linden ave

Cause of Death {First, (Primary,)} acute cholera morbus

{Second, (Immediate,)} collapse

Duration of last Sickness, 4 hours !!

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, July 30th 79

G Lane Tanyhill M. D.
Medical Attendant.

Undertaker, Wm T. Reuwee

Place of Business, 211 E. Lan[illegible]

Address, 129 N Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza H Calvert

Sex, Male or Female, {cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 4 yrs.

Place of Death, {Give street and number} University Hospital

Cause of Death {First, (Primary.) Heart Disease (Angina Pect.) Albuminuria
Second, (Immediate,) Pneumonia & Exhaustion

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, July 30th 1879

Undertaker, Armstrong & Denny

Place of Business, # 263 Light St

T B Bruce M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Ballard

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 12 Ohio Ave

Cause of Death First, (Primary,) Dentition } Artificial Nursing

Second, (Immediate,) Diarrhoea }

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 30 1879

James L Cain M. D.

Medical Examiner

Undertaker, E. & C. Clark

Place of Business, 5 Howard St *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E. Wenman

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Cleary Harker

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, 16 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} 26 S. Schnelle Court

Cause of Death First, (Primary.) Whooping Cough

Second, (Immediate.) Cholera Infantum

Duration of last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, July 31 1879

Undertaker, Daniel Sutter

Place of Business, 412 E. Fayette St. *Address,* 2196 E. Baltimore St.

James E. Donnelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Ray

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* 8 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 748 Carlton st

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate,)

Duration of last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, New Church Ct Cemetery

Date of Burial, July 30

James Bosley M. D.
Medical Attendant.

Undertaker, F B Cook

Place of Business, 707 W Balto st *Address,* 319 Hillen st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oliver Fifth

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 21 *Years,* 11 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line} Married

Occupation, Huxter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 228 Hollins st.

Cause of Death, {First (Primary,) Cramp Colic, preceded by intense vomiting, & followed by collapse

{Second (Immediate.) 24 Hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 30

Undertaker, J. R. Cook

Place of Business, 907 W. Pratt

John Hook M. D.
Medical Attendant.

Address. 9 N. Carey st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E. D. Bergen

Sex, Male or Female, {cross out the word not required in this line.}

Age, ? *Years,* — *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 29 Orange ct.

Cause of Death, First, (Primary.)

Second, (Immediate,) Scarlatina

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 31 1879

Undertaker, Leslie Koehler

Place of Business, 202 St

Wilson Cook M. D.
Medical Attendant.

Address, 46 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33932

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Osborne Bayer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 4 Months, Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 79 Jefferson st.

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 30th 1879

{*Undertaker,* Wm. N. Dugle

Place of Business, No 62 East st

A. E. Stein, M. D.
Medical Attendant.

Address 195 N. Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 33933

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33933

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Meisinger

Sex, Male or Female, {cross out the word not required in this line.}

Age, 42 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number} 162 Dolphin street

Cause of Death, First, (Primary,) Enlargement of the liver

Second, (Immediate,) Apoplexy of the heart

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 31st 1879

John J Litzer M. D.
Medical Attendant.

Undertaker, Chas T Kerr

Place of Business, 112 N Eutaw

Address, 160 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY CO., CITY PRINTERS AND STATIONERS.

(OVER.)

No. 33934

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan P Skinner

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 65 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent Co Md.

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number} 111 Sharp st

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) ~~Two months~~

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, July 31st 1879

H W Webster M. D.
Medical Attendant.

Undertaker, F Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 57 Barnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Elizabeth Waterman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, *Years,* 8 *Months,* 21 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } East Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Eastern Ave 149

Cause of Death, { First (Primary,) } { Second (Immediate,) } Spasm

Duration of Last Sickness, 14 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks.

Date of Burial, July 30 1879

{ *Undertaker,* W. Depkle
{ *Place of Business,* N. Bond St *Address*

John D Schultz *M. D.*
Medical Attendant.

N E Cor Eaglen Point

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Elizabeth Klees

Sex, ~~Male or~~ Female. {Cross out the words not required in this line.}

Age, 8 *Years,* 7 *Months,* ~~ *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 41 Years

Place of Death, {Give street and number.} No 415 Baltimore st

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)} 4 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 30

{*Undertaker,* July & Bro

Place of Business, 374 Broadway}

Thomas F. Evans M.D.
Medical Attendant.

Address, 72 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Vernon McComas

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} N. W. cor. Hanover & Balt. sts

Cause of Death {First, (Primary,) Diarrhoea.
Second, (Immediate,) Exhaustion

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 30. 1879

Undertaker, M. A Dwyer

Place of Business, 74 S. Broadway

G. G. Tuck M. D.
Medical Attendant.

Address, Balt. & Hanover sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ambrose Manton

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life - in Institution 2 mos

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death { First, (Primary.) Phthisis. / Second, (Immediate,) Anthrax

Duration of last Sickness, When admitted

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 30 1879

Undertaker, ~~Felix Baker~~

Place of Business, ~~41 Light St~~ *Address,* 58 N. Caroline St

Martin Brown *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Raymond

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Eighty four *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York State. 36 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 301. E. Biddle St.

Cause of Death First, (Primary,) Injuries of Brain—
Second, (Immediate,) Fracture of Skull & Compression

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 31st

Undertaker, George Schilling

Place of Business,

D. C. Deland M. D.
Medical Attendant.

Address, Coroner. E. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30th July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Balzer

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 11 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number} S. Ann Street 272

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, H. C. Aphonsus Com. *Date of Burial,* July 31st 79

Undertaker, C. H. France

Place of Business, 180 Canton Ave

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe & H.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel — McKeown

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days.*

Color, White *Sex,* .....

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 30 N. Holliday

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemy Geo Baly M. D.

Date of Burial, July 30 1879 Medical Attendant.

Undertaker, Jas P. Timmes *Address* 43 N. Calvert

Place of Business, Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Davis Haynes

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 3 Weeks ~~Years.~~ ~~Months~~ ~~Days~~

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Fortress Monroe Va

Duration of Residence in the City of Baltimore, one week

Place of Death, {Give street and number.} 266 Hoffman St

Cause of Death, {First (Primary.) Premature (Was a 7 Month child)} {Second (Immediate,) Diarrhea}

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 30

Undertaker, John E Hough

Place of Business, 319 Penna Ave

Elias C Price M. D.
Medical Attendant.

Address 262 Mead Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 3344

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33943,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th July, 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Briel

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 10 *Years,* 3 *Months,* 29 *Days.*

Color, W.

Married, Single, ~~Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 250 Light

Cause of Death, { First, (Primary.) Pneumonia (Typhoid)

{ Second, (Immediate.)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~London~~ Park. C.

Date of Burial, July 31st 1879

Undertaker, P. Seewald

Place of Business, 35 S. Eutaw St

H. W. Webster M. D.
Medical Attendant.

Address, 57 Bernard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Lee Donovan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* 16 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 118 S. Central Ave

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetary

Date of Burial, July 31st. 1879

Undertaker, W. Murphy

Place of Business, 5 Bank St. *Address* 76. S. Exeter St.

Thos. Kelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 3394

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 30 1879 BALTIMORE

Date of Death, July 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Garish

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 59 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 22 Fountain St.

Cause of Death, First, (Primary,) Chronic Bronchitis

Second, (Immediate,) Anemia

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lot Methodist

Date of Burial, 31 July

Undertaker, C. Eckhardt

Place of Business, 269 Canton Av

James F. Shaw M. D.
Medical Attendant.

Address, 22 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie J. Stephens

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 18 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 267 W. Fayette St

Cause of Death {First, (Primary.) Tuberculosis

{Second, (Immediate,) Pulmonary Consumption

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 31st 1879

W. H. Requier *M. D.*
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St. *Address,* 267 W. Fayette Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 30 1879 BALTIMORE

Date of Death, July 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah S. Cane

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.} Female

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md since birth

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 52 Chapel St

Cause of Death {First, (Primary,) Consumption

Second, (Immediate,) ~~abt 10 mo~~ abt 10 mo

Duration of last Sickness, abt 10 mo

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Cem

Date of Burial. July 31 1879

Undertaker, John W. Lyck

Place of Business, Wolfe St

Geo. S. Kinnemon M. D.
Medical Attendant.

Address, 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Effie I Scott

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} No 6 Duncan St. Canton

Cause of Death {First, (Primary,) ... Second, (Immediate,)

Duration of last Sickness, abt 3 mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 31 1879

Undertaker, J. W. Locke

Place of Business, Wolfe St

Geo. S Kinemon M. D.
Medical Attendant.

Address, 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30 - 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Griffin

Sex, Male or Female, {cross out the word not required in this line.}

Age, 19 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Fair Haven Md.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number} 1 10 Parish Al.

Cause of Death { First, (Primary,) measles -
Second, (Immediate,) Acute Dysentery

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Fair Haven. A A Co

Date of Burial, July 31 " 1879

Undertaker, F. A Kerchner

Place of Business, ... *Address,* 76 Edmondson Ave.

Geo. D. King M. D.
Medical Attendant.

HEALTH DEPARTMENT JUL 30 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1485

KODAK SAFETY

No. 3395

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clifford Curley

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* 1 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} N E / 6 Elbow Lane

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate.) Spasm

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, July 30th

Undertaker, J. Davis

Place of Business, 103 Lee St.

C. L. Budden M. D.
Medical Attendant.

Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 33[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leo Sally

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Four *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number} Fort Ave

Cause of Death, First, (Primary,) Drowning

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 1 August 1879

Undertaker, John F. Elwood

Place of Business, 161 Hanover

D. C. Leland M. D.
Medical Attendant.

Address, Forest Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 33982

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Schäfer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~*Years,*~~ Seven *Months,* eight *Days.*

Color, White.

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 33 Barnes str

Dentition
Convulsions

Cause of Death, {First (Primary,) / Second (Immediate,)}

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Old Presbyterian

Date of Burial, July 31 1879

Undertaker, Henry Hoop

Place of Business, 98 Canton Ave

A. Aronovitz M. D.
Medical Attendant.

Address 254 N Caroline st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33953,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willy Bowen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, Two Months, Sixteen Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} 254 Orchard

Cause of Death First, (Primary.) Cholera Infantum

Second, (Immediate,) Meningitis

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Shaw St

Date of Burial, July 31

Undertaker, Hercules Bosi

Place of Business, 95 Conway St

L. D. Dyer M. D.
Medical Attendant.

Address, 141 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Sarah Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 1 Morris Alley Ct. Baltimore

Duration of Residence in the City of Baltimore, 1 year 2 mos.

Place of Death, {Give street and number.} 1 Morris Alley Court.

Cause of Death, First (Primary,) Gastro Enteritis

Second (Immediate,) Exhaustion result of Cholera Infantum

Duration of Last Sickness, about 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon County

Date of Burial, July 31st 1879

Undertaker, Wm. H. Rush & Co.

Place of Business, 93 Pratt Street

Address 2nd N. Eutaw St.

P. E. Hanley *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 33955

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33955

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 30th July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Grainer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Stone Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number} 99 Bailey a

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Pericarditis

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, New Catholic

Date of Burial, August 1st

Undertaker, B. Hartle

Place of Business, 71 Eight St

J. W. Webster M. D.
Medical Attendant.

Address, 57 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33956.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Norris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 224 Hamburg St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 224 Hamburg St

Cause of Death, {First (Primary.)} Pneumonia

{Second (Immediate.)} Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 31 1879

Undertaker, S. J. W. Chase

Place of Business, 198 Howard St.

H. Albers M. D.
Medical Attendant.

Address 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 33957

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael George Ruth

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, Five *Years,* Six *Months,* Eighteen *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} No 130 Desoto th Stout corner of Low.

Cause of Death, First, (Primary.) Prima suppression of

Second, (Immediate,) Suffocation from excess of secretion in the air passages

Duration of last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cem.

Date of Burial, July 31st 1879

Undertaker, Adam Fink

Place of Business, 461 W. Gay St.

Milton A. Taylor M. D.
Medical Attendant.

Address, Broadway & McElderry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Casandra Truly

Sex, Male or Female, {cross out the word not required in this line.}

Age, about 60 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Fredrick Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 40 Argyle Ave

Cause of Death First, (Primary,)

Second, (Immediate,) Hemorrhage of Lungs

Duration of last Sickness, about six Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, July 31, 1879

Undertaker, Wm Lapham

Place of Business, 30 Caroll Ave

Geo C Gluck M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 33959

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Kimmer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* Two (2) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City since birth

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 214. E. Chase street

Cause of Death { First, (Primary,) Premature birth 7th month / Second, (Immediate,) Eclampsia

Duration of last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery

Date of Burial, July 31, 1879

Undertaker, Henry Stock

Place of Business, 84 Eastern Ave Address, 84 or Emmert Caroline & Wolfe

S. N. Slower M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 33960

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillip Jacob Simon

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 *Years,* 11 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md. City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} 258. E. Eager Street

Cause of Death First, (Primary,) Scarlatina Maligna

Second, (Immediate,) Pyrexia

Duration of last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Fells Point Burial Ground

Date of Burial, August 1, 1880

J. W. Selous M. D.
Medical Attendant.

Undertaker, Henry Roach

Place of Business, 209 Eastern Ave Address, Cor Eager & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st, 6 o'clock, A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Frederick Kirsch

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, One *Years,* Seven *Months,* Nineteen *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 230 Columbia Ave

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, Eight Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 31

Undertaker, J. H. Cook *Address,* 106 Columbia Ave

Place of Business, 707 W. Baltimore St.

Wm Heiderdine M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 33962

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 30th July 1870

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Finy Bender

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 6 *Months,* ~~—~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give street and number} E. Baltimore Street 223.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Aug 1st

Undertaker, [illegible]

Place of Business, [illegible]

William Henkel M. D.
Medical Attendant.

Address, E Baltimore 223

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 33963

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Courtney

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 344 William

Cause of Death, First, (Primary,) R Tuberculosis Meningitis

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, W. Lees Cem'y

Date of Burial, July 31st

Medical Attendant. M. D.

Undertaker, J. B. Hart

Place of Business, 411 Light St. *Address,* 411 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 33964

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Rane

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Ten *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, { Give street and number } Ft of Wolfe

Cause of Death, First, (Primary,) Drowning

Second, (Immediate,)

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Aug 1 1879

Undertaker, M. Francis

Place of Business, —

A. C. Ireland M. D.
Medical Attendant.

Address, Coroners. E. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Cromwell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Puerto Rico

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} Lynch & Sons Undertakers 71 Broadway

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 1st 1879

Undertaker, Lynch & Sons

Place of Business, 65 S. Broadway *Address* Lynch & Sons Undertakers 71 Broadway

T. E. Clark M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 33966

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 31 BALTIMORE

Date of Death, July 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willy Royal

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number} 158 Hanford Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlet Fever

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'y

Date of Burial, Aug 1st

Silas N. Hunter M. D.
Medical Attendant.

Undertaker, H. C. Windsor

Place of Business, 70 Greenmount Ave *Address,* 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Physicians is respectfully invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1879; 5:35 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Lizzie Benjamin

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, One *Years,* Seven *Months,* Fourteen *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore County, Md.

Duration of Residence in the City of Baltimore, Four Months.

Place of Death, { Give street and number. } # 31 S. Schroder St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Private burying place Balto. Co.,

Date of Burial, Friday August 1st.

Undertaker, Bernard Fort

Place of Business, Eliots City.

Wm H Edwards M.D.

Medical Attendant.

Address, 116 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosina Klein

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 212 Frederick Av.

Cause of Death { First, (Primary.) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, about 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Aug 1 1879

R K Knaus *M. D.*
Medical Attendant.

Undertaker, Chas Pauls

Place of Business, 66 Frederick Av *Address,* 1211 Hoyt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 33969

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Christian Haydon

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 307 Alice Ann St

Cause of Death { First, (Primary) Born prematurely (at 7th month).
Second, (Immediate,) Inanition
Entire Existence

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, August 1st 1879

D W Cathell M. D.
Medical Attendant.

Undertaker, H. Frohlich

Place of Business, 246 Eastern Av *Address,* 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 33970

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statietics.

Permit No. 33970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Singleton

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 58 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Easton Md,

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number } 167 S. Wolf St.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Organic Disease of the Heart

Duration of last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, August 1st 1879

Undertaker, Fiel & Lichtenberg

Place of Business 73 Jefferson *Address,* 94 S. Broadway

A. F. Erich M. D.
per Mrs Erich
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...pecially invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday July 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca A. Spangenberg

Sex, Male or Female, {cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Housework

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Richmond Va. 11 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 122 Lloyd St.

Cause of Death {First, (Primary.) Premature Delivery - Arm presentation. Second, (Immediate,) Nervous Shock Received during Convalescence

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 1st 1879

Undertaker, [illegible]

Place of Business, [illegible]

J. Dimmitt Steele M. D.
Medical Attendant.

Address, 552 W. Lafayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 33972

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday July 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Tanner

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 287 Raburg St

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) 3 Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn

Date of Burial, August 1st 1879

Undertaker, [illegible]

Place of Business, [illegible]

Dr. Emmett Harris M. D.
Medical Attendant.

Address, 339 Holliday St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

[OVER.]

No. 33973

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33973,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Perry Slow

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 62 *Years,* 6 *Months,* 17 *Days.*

Color, col

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Whitewasher

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Mullikin st 23

Cause of Death, First, (Primary.)

Second, (Immediate.) Erysipelas

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Lauel Cemetery

Date of Burial, July 31st 1879

E. A. Baldwin M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 31 July 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Hess

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 141 Lawson.

Cause of Death, {First (Primary,) Second (Immediate,)} Scarlatina 10 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 1 - 1879

Undertaker, Christopher Hess

Place of Business, 141 Lawson

Address, 57 Eliza[illegible]

C Hoover M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...penalty attached to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Gamble

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 6 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 141 Hudson St

Cause of Death, First (Primary,) Teething

Second (Immediate,) "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Augt 1st 1879

J. N. Martin M. D.
Medical Attendant.

Undertaker, Jacob Bucher

Place of Business, Carlton ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 33976

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie Launey Crawford

Sex, Male or Female, {cross out the word not required in this line.}

Age, . . *Years,* 1 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 140 S Paca St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diarrhoea

Duraiion of last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, London Park Cy

Date of Burial, August 1st 879

J H Cuney M. D.
Medical Attendant.

Undertaker, John Thacher

Place of Business, do 150 Eutaw

Address, 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[074...]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 33977

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nevada Shipley

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 13 *Years,* 2 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 148 Columbia Ave

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) 4 wks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, August 2d 1879

Undertaker, Jno S Lecher

Place of Business, No 150 Lemmon

J H Cuny M. D.
Medical Attendant.

Address, 76 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 33978

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Mc Elwee

~~Sex, Male~~ or Female, {cross out the word not required in this line.} Female

HEALTH DEPARTMENT AUG 1879 BALTIMORE

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, House wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Gangrene
, Second, (Immediate,) Asthenia
Unknown

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Aug 1st 1879

Wm R Howard M. D.
Medical Attendant.

Undertaker, Pat. Mullin

Place of Business, Canbridge St *Address,* City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

No. 33979

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31 st. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Quarengaeser

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 17 *Years,* 11 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} #455 E. Fayette St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Aug 3d

Undertaker, A. Funk

Place of Business, 11 & 13 Bond

Thos. B. Evans M. D.
Medical Attendant.

Address, Jackson Square.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday July 7 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Jones

HEALTH DEPARTMENT AUG 1 1879 BALTIMORE

Sex, Male or Female, {cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 166 Raborg St.

Cause of Death {First, (Primary.) Organic Dis of Heart Ulcerated Stomach Fatty Liver

Second, (Immediate,) Dropsy 2 or 3 Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, August 2d

Undertaker, owners responsibility

Place of Business, 225 Stevens Ave

J Dennett Torrie M. D.
Medical Attendant.

Address, 551 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 33981

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V Galloway

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 9 *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 yrs. 2 mos 9 days

Place of Death, {Give street and number} 449 W. Lombard St

Cause of Death, {First, (Primary,) Scarlet Fever

Second, (Immediate,) Three (3) days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 1

Undertaker, J H Cook

Place of Business, 707 W Balto St

H. L. Steer M. D.
Medical Attendant.

Address, 379 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 33982

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30 July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vincent B

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* about 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of~~ Baltimore, by tuition 14 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Spasms

Duration of last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Mount Bre

Date of Burial, Aug. 1879

Martin Brewer *M. D.*
Medical Attendant.

Undertaker, Saml Brazer

Place of Business, 158 Division St. *Address,* 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Directions on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Griffin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* Nine *Months,* Four *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 122 Harmony Lane

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One Week

All the above Information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, Aug 1, 879

Undertaker, Fidl & Kershaw

Place of Business, 30 Camden St

J. Tyler Smith M. D.
Medical Attendant.

Address 361 Franklin St

// *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 33984

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, July 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Mary Coll

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years.* 11 *Months.* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 34 Townsend st

Cause of Death, {First (Primary,) Marasmus, Second (Immediate,) Prostration

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eastern Ave new Cem

Date of Burial, Aug 1st

{*Undertaker,* C F Serium
Place of Business, Eutaw & Rose

Samuel Steiner M. D.
Medical Attendant.

Address 93 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

No. 33985

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Allison Oliver,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 1 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 8 Irvin Place ~~Street~~

Cause of Death { First, (Primary,) Pertussis
Second, (Immediate,) Catarrhal Pneumonia,

Duration of last Sickness, Two weeks,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Aug. 2, 1879

Undertaker, M. A. Dayis

Place of Business, 74 S. Broadway

G. Glanville Luck M. D.
Medical Attendant.

Address, Balt. & Bank. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ity of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30 — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Vincent Crouch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, — *Years,* 8 *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 44 S. Chester St

Cause of Death, First (Primary,) Dentition

Second (Immediate,)

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, ~~July~~ Aug 1. 1879

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

Geo Benzinger M. D.
Medical Attendant.

Address Cor Bridge & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 33987

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida A. Petitt

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 9 *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, 9 yrs & 5 mos

Place of Death, {Give street and number} Basin near Locust Point

Cause of Death, First, (Primary.) Accidentally

Second, (Immediate,) Drowned

Duration of last Sickness, Share

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug. 2. 1879

Undertaker, M. A. Dayer

Place of Business, 714 S. Broadway

R. E. Lee M. D.
Medical Attendant.
Coroner's
Address, Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 33988

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Fredericka Huber

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, Thirty Nine *Years,* Ten *Months,* Twenty Four *Days.*

Color, White

Married, ~~Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.} Widow

Occupation, Restaurant Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty Seven Years

Place of Death, {Give street and number} No 233 E. Madison St.

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,)

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Aug 3rd 79

Wm H Leidinen M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland Ave

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 33989

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31/79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Emmy Simpson

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 7 Seven *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 23 Carlton St - Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 23 Carlton St.

Cause of Death, First, (Primary,) Cholera Infantum.

Second, (Immediate,) Convulsions

Duration of last Sickness, Three Mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug. 1 1879 Thos. Quinan *M. D.*

Medical Attendant.

Undertaker, S. W. Cleale

Place of Business, 5 Howard St *Address,* 684 W. Lafayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 33990

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. E. Benton

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* ____ *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Queen Anns Co Md.

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and number} 425 N. Gilmor.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, 22 hours

All the above information should be furnished by the Physician.

Place of Burial, Queen Anns Co

Date of Burial, Aug 2nd 1879

Undertaker, Wm. E. Lehmann

Place of Business, Mosher & Pond *Address,* ____

G. W. Stone M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transcript 1486

...remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Buntz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 1 — 6 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city — Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1396 Madison st

Cause of Death, First (Primary,) Tuberculosis during life

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent

Date of Burial, August 1st 1879

Undertaker, Wm. H. Eichman

Place of Business, 234 N. Gay St.

E. Fuellhardt M. D.
Medical Attendant.

Address 167 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 33992

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Cooper

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 1 *Years,* 10 *Months,* ~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Co

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 99 W. Durham St

Cause of Death { First, (Primary.) Heavy Cold & Exposure / Second, (Immediate,) Chronic Pneumonia

Duration of last Sickness, 3 Months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Aug 1 1879

Undertaker, C. A. White

Place of Business, Granby St

James A Steuart M. D.
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

[OVER.]

No. 33993

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33993.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Glassman

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} 102 Eutaw St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Asphyxia

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 2nd 1879

Undertaker, I. & S. E. Burns

Place of Business, ~~Hoyt~~ St

Silas N. Hunter M. D.
Medical Attendant.

Address, 36 Gaccenant Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 33994

Board of Health, City of Baltimore,

Permit No. 33994

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED AUG 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~July~~ Aug. 1. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eddie Whitehurst

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ... 10 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Petersburg Va.

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and number} 57 E. Pratt St.

Cause of Death { First, (Primary,) Scarlatina Maligna
Second, (Immediate,) ~~Three days~~ Coma
Three days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Petersburg Va

Date of Burial, Aug 3rd

Undertaker, Ayd & Bro

Place of Business, 54 N Broadway

H. H. Rust M. D.
Medical Attendant.

Address, Balt. & Pratt Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1487

[OVER.]

No. 33995

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 33995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John White

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 5 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} 280 E. Baltimore St

Cause of Death, {First (Primary.) Congestion of the Brain

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Athanasius

Date of Burial, Aug 2nd 1879

J G Hamblt *M. D.*
Medical Attendant.

Undertaker, C F Krause

Place of Business 209 Hanover *Address* Ex 203 N Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 33996

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1899

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Johnson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Washing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number} No 21 Shuter St

Cause of Death First, (Primary.) Tubercular Consumption

Second, (Immediate,)

Duration of last Sickness, 13 Months

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

W. L. Russell M. D.
Medical Attendant.

Undertaker, Wayman

Place of Business, Broadway

Address, Broadway & Fredrick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Thomas Corpe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Three *Years,* Nine *Months,* Twenty three *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 113. Stirling Street

Cause of Death, First (Primary.) Billious Remittent Fever

Second (Immediate.) Inanition

Duration of Last Sickness, About Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loner Cemetery

Date of Burial, Aug 2.

Undertaker, Abraham Wagman

Place of Business, 15 Centre

J. D. Whiteford *M. D.*
Medical Attendant.

Address 195 Aisquith Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 33998

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1879 — 7 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta Kelly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 164 S. Canal St

Cause of Death, First, (Primary.)

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, August 1st 1879 A Gregg Shertzer M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 Hunt *Address,* 11 S. Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 33999

The Special Attention of [illegible] is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33999.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG. 1 1879 BALTIMORE

Date of Death, July 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ranson Beman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, No Permanent Business

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York State

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and number.} N. Calhoun St No. 438

Cause of Death, First (Primary,) Sciatica

Second (Immediate,) Asthenia

Duration of Last Sickness, Twelve Months

All the above information should be furnished by the Physician.

Place of Burial, New York

Date of Burial, Aug 1

Undertaker, C H Blizzard

Place of Business, 207 Pine Address No 427 N. Stricker St

L. G. Spanow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Record 1488

No. 34060

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Sarah J. Decker

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, Seventy Four *Years,* Four *Months,* Twenty Six *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 94 North Broadway

Cause of Death, First, (Primary.) ——— Second, (Immediate,) Paralysis

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Augs 3rd

Wm. H. Clendinen, M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, ——— *Address,* No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...al Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ..., to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 27 Hulling [illegible]

Cause of Death { First, (Primary,) [illegible]
Second, (Immediate,) Convulsions

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 2d 1879

Undertaker, [illegible]

Place of Business, [illegible] *Address.* [illegible]

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DOLANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 34111 2

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 31st. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Katharine Hogan

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 7 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ×××

Occupation, ×××

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} Central Ave & Albemarle

Cause of Death {First, (Primary,) Cholera Infantum

, {Second, (Immediate,) Eclampsia.

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Cemetery Holy Cross

Date of Burial, August 2nd 79

Undertaker, M. Clark & Sons

Place of Business, 64 E. Balto St

James E. Donnell M. D.
Medical Attendant.

Address, 196 Balto. Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 34003, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 1st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Kerig

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ——— *Years,* 2 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 110 E. Lombard St

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Cholera Infantum

Duration of last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Aug 2nd 1879

Undertaker, Jas P. Byrne

Place of Business, Front St.

Thos A Clemens M. D.

Address, Comm of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 340124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Smith

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 6 mts.

Place of Death, {Give street and number} 224 Wm. St

Cause of Death First, (Primary,) Acute Hydrocephalus

Second, (Immediate,) 3 weeks

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, August 3rd.

Undertaker, B. Hall

Place of Business, 1411 Light St.

R. H. S. Ellis *M. D.*
Medical Attendant.

Address, 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT 1879

CERTIFICATE OF DEATH.

Date of Death, Aug 1 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edna A Kolb

Sex, ~~Male or~~ Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* ____ *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, City

Place of Death, { Give street and number } 1872 Montgomery St

Cause of Death, { First, (Primary,) Convulsions

{ Second, (Immediate,)

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County.

Date of Burial, August 2 1879

Undertaker, B. Hearle

Place of Business, 41 Light St.

G C Robb M. D.
Medical Attendant.

Address, 17 Warren Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be th duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, t furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate s ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the p son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[or

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 34006

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday July 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Celine Hamin

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 18 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 49 Lusen St

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 49 Lusen St

Cause of Death, First (Primary,) Harmorrhagic diathesis Hemorrhage at the umbilical

Second (Immediate,) Hemorrhage of the umbilical

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Aug. 2

Undertaker, Hendelin Diffel

Place of Business, 1 Bond St. 151

J. C. Trichon M. D.
Medical Attendant.

Address, 280 Bonnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 24007

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 2
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Jensch

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, Eight *Years,* five *Months,* twenty *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 105 Chester St

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlatina

Duration of last Sickness, About Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co[illegible]

Date of Burial, Aug 3 [illegible]

Undertaker, [illegible]

Place of Business, 352 Orleans St

Milton A Taylor M. D.
Medical Attendant.

Address, Nos Eldery Stret & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34008

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Bernbeck

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 20 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number } 1255 S. Paca St

Cause of Death, { First, (Primary,) Acid Hyd / Second, (Immediate,) ———

Duration of last Sickness, ———

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem. Sec.

Date of Burial, August 3 1879 *Sudden Death* *M. D.*

Medical Attendant.

Undertaker, G. Lemmon

Place of Business, 389 W. Balt St *Address,* 1166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan E Galvin.

Sex, Male or Female, {cross out the word not required in this line.} Female.

Age, 17 *Years,* *Months,* *Days.*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number} 17 N Mount St.

Cause of Death First, (Primary.) Tuberculosis.

Second, (Immediate,) Consumption of Lungs.

Duration of last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 3rd 1879

W McQuelin M. D.
Medical Attendant.

Undertaker, DeCourcy & Mitchell

Place of Business, 550 W Fayette St *Address,* W Fayette & Calhoun Sts

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 34010

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1879

CERTIFICATE OF DEATH.

Date of Death, Aug 1. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Parents name {father Chas H. Hofsbeens mother Laura F "

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} fem

Age, ... *Years,* ..... ~~*Months,*~~ 10 minutes ~~*Days.*~~

Color, wht

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 379 Druid Hill ave

Cause of Death { First, (Primary,) Premature Birth
Second, (Immediate,)

Duration of last Sickness, —

Foetal age 5 mo. mother examined where during the late which was the Investigation by Coroner

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 2" 1879

Undertaker, C. H. Hofsbeens

Place of Business, 379 Druid Hill Ave

G Lane Tanyhill M. D.
Medical Attendant.

Address, 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 3741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 31 July 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friederike E. Trautmann

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Always

Place of Death, {Give street and number.} 104 Pearl St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cem

Date of Burial, Aug 3d

Undertaker, C. Keller

Place of Business, 86 N. Howard St *Address*

J. Schmidt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 34012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 2 1879 BALTIMORE

Date of Death, July 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Woodyard

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, colored *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Hostler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md all his life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 37 Little Sharp St

Cause of Death, First (Primary,) Obstruction & Regurgitant Aortic Disease

Second (Immediate,) General Dropsy & asthenia

Duration of Last Sickness, I do not know (see other side)

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Aug 2 1879

Undertaker, John E Gordon

Place of Business, 63 Park ave

L. A. Chew M. D.
for Judson Gilman M. D. Medical Attendant.

Address 141 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully called to the Regulations on the reverse side of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Kratz

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 0 *Years,* 3 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 875 W Baltimore St

Cause of Death {First, (Primary.) Cholera Infantum

{Second, (Immediate,) Congestion of Brain

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Lorraine Park Cem'y

Date of Burial, Aug 2

Undertaker, J B Cook

Place of Business, 707 W Balto

M. D.
Medical Attendant.

Address, W Saratoga & Allison Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 24114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st '79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hafferan

Sex, Male or Female, {cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Tuberculosis
Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug 2

Undertaker, E. F. Bloom

Place of Business, 20 Light

F. B. Bruce M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 34095

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 2 1879 BALTIMORE

Date of Death, July 31st. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Champion Francis Harrison

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 5 Months, 29 Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 87 Grindall St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Aug 2 1879

Undertaker, Armstrong & Brun

Place of Business, 262 Light St

Richd Henry Thomas M. D.
Medical Attendant.

Address Cor. Eutaw & Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 34016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Gray -

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 5 *Years,* 2 *Months,* 25- *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Groom

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prince George Co Md

Duration of Residence in the City of Baltimore, Four years.

Place of Death, {Give street and number} No 192 N. Charles St.

Cause of Death {First, (Primary,) Diarrhoea

{Second, (Immediate,) Exhaustion

Duration of last Sickness, Six days under treatment.

All the above information should be furnished by the Physician.

Place of Burial, Prince George Co Md

Date of Burial, Aug 3d 1879

Undertaker, Chas T Scrivener

Place of Business, Eastern Ave 271 N

Wm Whitridge M. D.
Medical Attendant.

Address, North Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special by Dr. Ida, Sc

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 34017

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1879 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 1st 1879 (Malcom)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Joseph Kerrigan

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 4 *Years,* 1 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 126 N. Irving st.

Cause of Death First, (Primary.) Scarlatina

Second, (Immediate,) Acute Dropsy, Nephritis

Duration of last Sickness, 17 days

All the above Information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, August 3rd 1879

Undertaker, Jas P. Byrne

Place of Business, Front St.

Address, 27 N. Broadway

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

Permit No. 34018

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2nd August 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henretta M Herold

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 33 *Years,* *Months,* 19 *Days.*

Color, W

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 161 Hanover

Cause of Death, First, (Primary,) Pulmonary Hemorrhage

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 4th 1879 A. W. Nolte M. D.

Medical Attendant.

Undertaker, Charles F Herold

Place of Business, 161 Hanover | *Address,* 57 Bancer

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore

Permit No. 34119

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 2 1879 BALTIMORE

Date of Death, Aug 1 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie E. Griffin

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 55 York St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 55 York St

Cause of Death {First, (Primary,) Second, (Immediate,)} Cholera Infantum

Duration of last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, August 2nd 1879

Undertaker, James O Byrne

Place of Business, No 63 Lexington St

Geo. W. Benson M. D.
Medical Attendant.

Address, 144 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 34020

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 2d 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Kane

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 Years, 1 Months, 14 Days.

Color, Wh

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 365 Williams St.

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Meningitis

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem. Yg

Date of Burial, August 3 79

Undertaker, H. F. Carle

Place of Business, 4 W Light St

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No 34021

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 1 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Garland Green

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 1 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 175 S. Dallas st.

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,)

Duration of last Sickness, one week

All the above Information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 34042

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 2d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isidora Lolery

Sex, Male or Female, {cross out the word not required in this line.} female

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 307 N. Amer st.

Cause of Death, First, (Primary,) Trismus Nascentium

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Aug 2d 1879

Undertaker, D H Dyer

Place of Business, 12 W Balto St

D. L. Dauel M. D.
Medical Attendant.

Address, 247 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 34123

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick J Conway

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number} 26 Liberty alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlatina Malignas

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, August 3d 1879

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Silas N Hamlin M. D.
Medical Attendant.

Address, 26 Gay near Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 34024

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 1st 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Levi

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, col.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Hodcarrier

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 70. Argyle av.

Cause of Death First, (Primary.) Pneumonia.

Second, (Immediate.)

Duration of last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial Sharpsburg Cemetery

Date of Burial, August 6. 1899

Undertaker, S. W. Chase

Place of Business 1918 Howard st

Louis C. Hoen M. D.
Medical Attendant.

Address, 226 Argyle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 340 25

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2nd Augst 1899.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Cooper

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easton Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 35 Waeche St.

Cause of Death, First (Primary,) Disease of the Brain,

Second (Immediate,) did not see him for 2 months before his death

Duration of Last Sickness, 6 Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 3 1899

Undertaker, S. W. Chase

Place of Business, 198 S Howard St

Geo. G. Brewer M. D.

Medical Attendant.

Address 258 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 34026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marida Baggett

Sex, ~~Male~~ Female, {Cross out the words not required in this line.}

Age, abt 4 *Years,* — *Months,* — *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 31 N Spring St

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,) Asthenia

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County.

Date of Burial, August 3 1879

{*Undertaker,* H. Kuhnagee

Place of Business, 6 S. Eutaw

Chas. H. Morfit M.D.
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 34017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2d 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Child not named } Mother Mrs Mary Woods (Illegitimate)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, Colored *Sex,* .....

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 7 Lexington Baltimore City

Cause of Death, { First (Primary,) ..... Second (Immediate,) Spasms.

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Sidney D Grant M. D.

Date of Burial, Augt 3d 1879 Medical Attendant.

{ *Undertaker,* Alex Kennard

{ *Place of Business,* 32 N. Liberty St *Address* Cor Northr Lexington Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 34028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles August Krute

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, (1) One *Years,* One (1) *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number}

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Exhaustion

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, August 4th 1879

Undertaker, H. Frochlich

Place of Business, 246 Eastern Ave *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 34029

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2 - 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriett L. Watts.

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, ____ *Years,* 2 *Months,* 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 2 mo. 3 days.

Place of Death, {Give street and number} No 209 N. Dallas St.

Cause of Death, First, (Primary.) 1

Second, (Immediate,) Entero-Colitis.

Duration of last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Aug 3rd

Undertaker, Wm. H. Hayes

Place of Business, 1 Calvert

G. H. Keyser M.D. M. D.
Medical Attendant.

Address, 210 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 34030 OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Cora Killman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Portland, Maine

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number.} 112 Fairmount Ave.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, about Six months - I practised on her about 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug. 3rd 1879

Undertaker, H. A. Darcy

Place of Business, 74 S. Broadway

A. Fred Hughes M. D.
Medical Attendant.

Address 234 N. Bidle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

Permit No. 34031

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 2. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth M. Barnes

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 22 *Days.*

Color, white,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 16 N. Howard St.

Cause of Death {First, (Primary,) Pertussis

{Second, (Immediate,) Congestio

Duration of last Sickness, three weeks,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Aug 3d 879

Undertaker, Fry & Zug

Place of Business, 54 N Broadway

G. G. Lusk, M. D.
Medical Attendant,

Address, Balt & Park Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 34032

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Duffy

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 26 yrs.

Place of Death, {Give street and number} 976 East av.

Cause of Death {First, (Primary,) Consumption

{Second, (Immediate,)

Duration of last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, August 3rd 1879

Undertaker, H. H. Gilmore

Place of Business, 241 Eastern Ave.

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 34033

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday Aug 2 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Edward Jubb

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.} Male

Age, ____ *Years,* 8 *Months,* 12 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.} Single

Occupation, ____

Birthplace, {State or country (and how long in United States, if of foreign birth.)} No 6 Donnell St

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 6 O Donnell St

Cause of Death, First (Primary,) Intermittent fever & Dentition

Second (Immediate,) Pulmonary Congestion & Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmell Cemetery

Date of Burial, August 3rd 1879

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Av

J C Fisher M.D.
Medical Attendant.

Address. 250 Donnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to this subject.

Board of Health, City of Baltimore,

Permit No. 34034 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 3 1879 BALTIMORE

Date of Death, Aug 2nd 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Stumpf

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 2 6 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Worker in wood

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 411 S Sharp

Cause of Death, {First, (Primary,) ____ Second, (Immediate,) Pulmonary consumption

Duration of last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 3rd 1879

Undertaker, Timothy Dennis

Place of Business, 263 Light St

J. H. Hanney M. D.
Medical Attendant.

Address, 26 Hacall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL S[illegible]

Permit No. 34035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Gross

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, [illegible] *Sex,* [illegible]

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 1275 Orleans St.

Cause of Death, First (Primary,) Pthisis

Second (Immediate,)

Duration of Last Sickness, Short 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 3 /

Undertaker, William A. Suggs

Place of Business, 62 East st *Address* 19 Bank st

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 34036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 3 1879 BALTIMORE

Date of Death, August 2 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida G. Bellinham

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 272 Balto Ave

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Dysentery

Duration of last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, August 3d. Gordon Cook *M. D.* Medical Attendant.

Undertaker, B. Hale

Place of Business, 411 Light St. *Address,* 411 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Permit No. 34037

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 3 1879 BALTIMORE

Date of Death, Aug. 2 — 1879.—

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. Edward Cole

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~———~~ *Years,* 5 *Months,* 22 *Days.*

Color, Black

~~Married, Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~———~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} No. 150 Caroline St, Balto.—

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} No. 150 n. Caroline St.—

Cause of Death, {First (Primary,) Cholera Infantum —
Second (Immediate,)}

Duration of Last Sickness, Two weeks.—

All the above Information should be furnished by the Physician

Place of Burial, Laurel Cemetary

Date of Burial, August the 3rd "

{Undertaker, Charles. A. White

{Place of Business, 84 Grand 87

Alex. Hill, *M. D.* Medical Attendant.

Address No. 32 N. Gay St.—

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 34038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 1st 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Snowden

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* 5 *Months,* One *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} No 3 Stockholm

Cause of Death, First, (Primary.) ———

Second, (Immediate,) Marasmus

Duration of last Sickness, 4 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Pratt St.

Date of Burial, August 3rd

Geo L Buckler M. D.
Medical Attendant.

Undertaker, Hercules Roth

Place of Business, 95 Lowry St. *Address,* Hilo Land

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. [OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL S...

Permit No. 34039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 3 1879 BALTIMORE

Date of Death, August 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bailey

Sex, Male or Female, {cross out the word not required in this line.}

Age, 32 *Years,* / *Months,* / *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} Rear of 176 S. Sharp St.

Cause of Death { First, (Primary,) Intermittent Fever
Second, (Immediate,) Pulmonia

Duration of last Sickness, About one month

All the above information should be furnished by the Physician.

Place of Burial, Stone's St Cem

Date of Burial, August 4 1879

Undertaker, L. Davis

Place of Business,

J. H. [illegible] M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

Permit No. 340411

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 3 1879 BALTIMORE

Date of Death, August 2 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Cunningham

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number} 75 - East St

Cause of Death, First, (Primary.) Dentition

Second, (Immediate,) Intestinal Inflammation

Duration of last Sickness, 2 days —

All the above information should be furnished by the Physician.

Place of Burial, Home Cemetery

Date of Burial, August 3rd 79.

Undertaker, E. E. Hall

Place of Business, E. Balt St 91

E. J. W. Cross M. D.
Medical Attendant.

Address, 19 Patterson Pk

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimo.

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 3 4 1 1 4 1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2d 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt James Keen

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 21 *Years,* 4 *Months,* 25 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Huckster

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford County, Md.

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number} 359 McHenry St.

Cause of Death { First, (Primary,) A. A. Typhoid Fever
Second, (Immediate,)

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 5

Undertaker, J B Cook

Place of Business, 70 & 72 West Baltimore *Address,* 584 W Fayette St.

J G Kuhlemann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 340142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10.30 August 2 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Rowland

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 11 days

Place of Death, {Give street and number.} 7 W. Baltimore Street

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Methodist cemetery Philadelphia

Date of Burial, August 4th 1879

Undertaker, James D Byrne

Place of Business, 163 N Front St

Charles H Howard M. D.
Medical Attendant.

Address 80 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 24143

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Parson

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 78 Oak St

Cause of Death, {First (Primary,) Gastro-Enteritis

Second (Immediate,) 10 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Brooklin mll

Date of Burial, Aug 4th 1879

Undertaker, Chas T Strawn

Place of Business, 221 N Eutaw St

Thos. S. Latimer M. D.
Medical Attendant.

Address. 187 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore

Permit No. 3 4 0 4 4

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2d 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Maria Traverse

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Twenty Six Years, Two Months, Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Seamstress

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number } 32 Edward St

Cause of Death, { First, (Primary,) Pneumonary Tuberculosis
Second, (Immediate,) "

Duration of last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 4th 1879

Undertaker, Wm. N. Dunges

Place of Business, No 62 East St

Winfield Kinsey M. D.
Medical Attendant.

Address, 116 E Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL

Permit No. 32/045

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2d August 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Irvin Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, 15 Days.

Color, Black *Sex,* Male

~~*Married*~~, *Single*, ~~*Widowed or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 30 Boyd St.

Cause of Death, First (Primary,) ~~Chlor~~ Cholera Infantum.

Second (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 4th 1879

Undertaker, Wm. N. Dunger

Place of Business, No 62 East St

J. W. P. Bates M. D.
Medical Attendant.

Address 1/2 S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2nd August 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Balthaser Kuns

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, One *Years,* two *Months,* Twenty-two *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Child

Occupation, Child

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 75½ Eastern Avenue.

Cause of Death, First, (Primary,) Dentition.

Second, (Immediate,) Convulsions.

Duration of last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, August 4th

Undertaker, M Burk

Place of Business, 25 Burk St.

Alfred. A Page M. D.
Medical Attendant.

Address, 70 Eastern Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 3 4 0 4 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Miller

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 75 Years, ~ Months, ~ Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nurse (Domestic)

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} 69 Mosher St.

Cause of Death { First, (Primary,) Scald

Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 4 1879

Undertaker, Thos. F. Hughes

Place of Business, 60 E. Pratt St.

Dr. Truitt attended the case during its last illness

M. D.

Medical Attendant.

Address, 55 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL

Permit No. 3 4 / 1 1 4 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo W Dobbyn

Sex, Male or Female, {cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Harness Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number} 140 Preston st

Cause of Death { First, (Primary.) — Second, (Immediate,) Suicide, by hanging

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Ceme

Date of Burial, August 4th 1879

Undertaker, Lake & Scrivener

Place of Business, 2214 Ludlow st

Geo C Ayle Comm'r M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

...rd of Health, City of Baltim...

OFFICE OF REGISTRAR OF VITA...

Permit No. 340449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3d August — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bruce

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 92 *Years,* —— *Months,* —— *Days.*

Color, W

Married, *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number} Aged Womens Home

Cause of Death {First, (Primary.) Cancer, (Breast)
Second, (Immediate,)}

Duration of last Sickness, 12 Months

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Aug 5 1879

Undertaker, A.W. Jenkins & Son

Place of Business, 16 Light St,

Geo H Lyon M. D.
Medical Attendant.

Address, Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 34057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Klegging.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 48 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany (in U.S. 26 years)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Frederick Route, Rhesis Th Thesis.

Cause of Death { First, (Primary,) Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 4th Aug 79

Undertaker, J. S. Phelps

Place of Business, Frederick Rd

Louis L. Le Kron M. D.
Medical Attendant.

Address, 196 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 34057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 3

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Daly

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 54 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 295 Saratoga St.

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 6th of August

Undertaker, R Kennedy Son

Place of Business, 92 Hanover St

T. J. Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITA

Permit No. 34052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dessie Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~5 Yrs~~ 0 *Years,* 5 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S / S

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 5 Mths

Place of Death, {Give street and number.} 27 David Hill Ave

Cause of Death, First (Primary,) Age & Season

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug. 4th 1879

Undertaker, Wm H Bishop Jr

Place of Business, 97 David Hill Ave

J. E. Lindsay M. D.
Medical Attendant.

Address 159 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 34053.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 3. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Seeback

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 68 N. Chapel St.

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,) Paralysis

Duration of last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, H. Meeting Ground

Date of Burial, August 5 1879

Undertaker, John Keerig

Place of Business, 252 Eutaw St

H. A. Rusk M. D.
Medical Attendant.

Address, Balt. & Hanover Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

Permit No. 340824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Carr

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 79 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 328 Mulberry

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) 18 months

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Bonnemal Co

Date of Burial, Aug 24 1879

Undertaker, J. B. Jackson & Son

Place of Business, 606 Balt st

J. J. Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

...ard of Health, City of Baltimo...

OFFICE OF REGISTRAR OF VITA...

Permit No. 34053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificat... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 2d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Kaufmann

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 60 *Years,* 6 *Months,* 0 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, 0

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 Years

Place of Death, {Give street and number} 56 Riverside Ave

Cause of Death First, (Primary.) Cancer Stomach

Second, (Immediate,)

Duration of last Sickness, We don't know

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Aug 6th 1879

Undertaker, C. Wiegand

Place of Business, 59 Druid Hill Ave

Sml Entelien M. D.
Medical Attendant.

Address, 598 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

OFFICE OF REGISTRAR OF VITA

Permit No 34056

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 3. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Raleigh Byrd Tinsley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *14* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 386 Druid Hill Av

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number.} 386 Druid Hill Av

Cause of Death, {First (Primary,) Chronic Dysentery

{Second (Immediate,) Congestion Brain

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Westminster cor of Fayette & Green St

Date of Burial,

A. Tinsley *M. D.*
Medical Attendant.

{*Undertaker,* Aug H Blizzard *Address* 386 Druid Hill Av

{*Place of Business,* 201 Penna Ave City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 34057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 4 / 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Murphy

Sex, Male or Female, {cross out the word not required in this line.} female

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Child

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 9 days

Place of Death, {Give street and number} 1 Lexington Ct

Cause of Death {First, (Primary,) Edampsia / Infantum

Second, (Immediate,) Asthenia

Duration of last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Augt. 11th 1879

David Smith M. D.
Medical Attendant.

Undertaker, Geo. C. Rodenmayer

Place of Business, Cooper

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 3 " 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Rittenich

Sex, ~~*Male,*~~ *Female,* {cross out the word not required in this line.}

Age, ~~ *Years,* 10 *Months,* ~~ *Days.*

Color, white

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 29. Bradford Alley

Cause of Death, First, (Primary.) Chol Infantum

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Aug 4th 1879

Undertaker, Henry Berk

Place of Business, 25 Alexania Ave *Address,* Comm of Health & Registrar

James A Steuart M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Ellen died August 2 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen Warren

Sex, Male or Female, { cross out the word not required in this line. }

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, { Give street and number } 10 Holiday St

Cause of Death, { First, (Primary.) Malarial Fever & Continued / Second, (Immediate,) Post Partum Hemorrhage

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Holy Cross

Date of Burial, Aug 4th 1879

Undertaker, Kemp & Dunn

Place of Business, 263 Light St

Horton Cook M. D.
Medical Attendant.

Address, 116 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua C. Robinson, Sr.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 236 S. Sharp St.

Cause of Death { First, (Primary,) Cirrhosis of Liver
Second, (Immediate,) about 18 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 4th 1879

Undertaker, Armstrong & Denny

Place of Business, 265 Light St.

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...officials is respectfully invited to the remarks below, and to use of diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 3 / 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Brennett

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 26 *Years,* ____ 4 *Months,* ____ 9 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, once born

Place of Death, {Give street and number} 75 Somerset st

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Ch

Date of Burial, Aug 5 1879

Undertaker, Henry Kuhl

Place of Business, 309 E. Fayette st

P. L. Davis M. D.
Medical Attendant.

Address, 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

Board of Health, City of Baltimo[re]

Permit No. 34062

OFFICE OF REGISTRAR OF VITAL S[TATISTICS]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 3d 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Walter Stanford

Sex, Male or Female, { cross out the word not required in this line. } male

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, Colored

~~*Married*~~, *Single*, *Widow or Widower,* { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 178 Raborg St

Cause of Death, { First, (Primary,) Cholera Infantum

{ Second, (Immediate,) " "

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Church St Cem[etery]

Date of Burial, Aug 4th 1879

Undertaker, Owens & Whitely

Place of Business, Eutaw St

Thomas Opie M. D.
Medical Attendant.

Address, 581 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34063

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Aug 3 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Feeny

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ____ *Years,* 8 *Months,* 9 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, ____

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 1st Ave Leander Bell

Duration of Residence in the City of Baltimore, Two week

Place of Death, {Give street and number.} 158 Chesapeake st

Cause of Death, {First (Primary,) Scarlatina Malignant

Second (Immediate,) Convulsion

Duration of Last Sickness, Two week

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Aug 5th 1879

Undertaker, Francis Feeney

Place of Business, 158 Chesapeake St

Edmund ____ *M. D.*
Medical Attendant.

Address, 28 O'Donnell st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edmund Bowen

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 3 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 224 Light St

Cause of Death First, (Primary,) Hemitonia

Second, (Immediate,) Pneumonia

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Aug 4 79

R. W. P. Ellis *M. D.*
Medical Attendant.

Undertaker, Anthony & Dent

Place of Business, No 263 Light St *Address,* 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 3 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Fitzpatrick

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 39 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } M

Occupation, /

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 19 years

Place of Death, { Give street and number } Madison alley

Cause of Death, First, (Primary,) Abortion

Second, (Immediate,) Hemorrhage

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Com

Date of Burial, Aug 5th 1879

Undertaker, C. F. Krauel

Place of Business, 209 Hanover

J. Kluse M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 34066

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Wm Bisco

Sex, Male [redacted]; { Cross out the word not required in this line. }

Age, Twenty Four *Years,* *Months,* *Days.*

Color, White *Sex,* Male

[redacted] Single, [redacted]; { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number. } 352 West Fayette St

Cause of Death, { First (Primary.) / Second (Immediate.) } Phthisis

Duration of Last Sickness, Fifteen months

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Aug 5th 1879

Undertaker, John B. Blackistone & Son

Place of Business, No 606, W. Balto St *Address*

D D Mackenzie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED AUG 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 4/1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richd F. Enoch

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 48 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.} Widower

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balti

Duration of Residence in the City of Baltimore, 48 yrs.

Place of Death, {Give street and number} City Hospital

Cause of Death {First, (Primary,) Medical Attendant.

Second, (Immediate,) Asthma.

Duration of last Sickness, 10 dys

All the above Information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, August 5th 1879

Undertaker, H. H. Means

Place of Business, 46 S. Gay St.

David Krell M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...rmit No. 34018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace A. Lerill

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 22. N. Front St.

Cause of Death { First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, About Two Months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Aug 5th 1879

Undertaker, Ed P. Byrne

Place of Business, N. Front St

Edwd. F. Michler and M. D.
Medical Attendant.

Address, 279. W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...mit No. 34069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 4 - 18 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter Rector

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 *Years,* 5 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 246 - Eutaw St

Emergency

Cause of Death { First, (Primary,) } { Second, (Immediate,) }

Duration of last Sickness, 10 - days -

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery

Date of Burial, August 5th 1879

Undertaker, Chas. J. Spruce

Place of Business, 271 Eutaw

Address,

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~August 4th 1879~~ August 4th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} A. C. Fairfax.

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Book Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alexandria, Va.

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 46 W. Monument St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, about three years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, August 5. 1879.

W. T. Howard M. D.
Medical Attendant.

Undertaker, C. H. Jenkins Son

Place of Business, 16 Light St

Address 220 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 34071

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. Kinnear

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Nine *Months,* Eight *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 74 S. Biddle St

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 74 E. Biddle St

Cause of Death, {First (Primary,) Infantum

{Second (Immediate,) Atrophia

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Augt 5th 1879

{*Undertaker,* Wm H. Hackman

{*Place of Business,* No 234 E Gay

A P Leady M. D.

Medical Attendant.

Address 133 N Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...rd of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 34072

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Aug 1 5

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Bluedinger

Sex, Male or Female, {cross out the word not required in this line.}

Age, \ *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number} 711 Charles st

Cause of Death { First, (Primary,) malnutrition
Second, (Immediate,) Ft Inanition & Convulsions

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y.

Date of Burial, August 6th

R. H. Ellis *M. D.*
Medical Attendant.

Undertaker, B. Hamble

Place of Business, Light

Address, 315 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna L. Lifson

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 6 *Months,* 1 *Days*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 4 Mechanic St.

Cause of Death, {First (Primary,) Bowel Consumption

Second (Immediate,) ....

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, August 5 1879

Undertaker, Charles A White

Place of Business, 36 Gay St

E. [illegible] M.D.

Medical Attendant.

Address, 319 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34074

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. Sarah Welford

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, In Life

Place of Death, {Give street and number} 130 N. Register St.

Cause of Death { First, (Primary,) Hooping Cough — Convulsions
Second, (Immediate,)

Duration of last Sickness, 27 Days.

All the above Information should be furnished by the Physician.

Place of Burial, Laural cemetary

Date of Burial, August 6.5.1879

Undertaker, Charles A White

Place of Business, 35 Granby St

E. Glover M. D.
Medical Attendant.

Address, 137 Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl L. Spengler

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 0 *Years,* Eight (8) *Months,* Ten (10) *Days.*

Color, white

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} #241 S. Ann St,

Cause of Death, First, (Primary.)

Second, (Immediate.) Acute Meningitis

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cemetery

Date of Burial, August 5th 1879

Undertaker, John C. Schaub

Place of Business, 265 Aisquith st

Aug. F. Erich M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriett Ann Pierce

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two *Years,* Two *Months,* — *Days.*

Color, Mulatto *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 2 Norris alley.

Cause of Death, { First (Primary,) Bronchitis.
Second (Immediate) "

Duration of Last Sickness, Twelve days, but I saw it first one hour before it died.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, August 5th 1879

Wm. W. Murray M. D.
Medical Attendant.

Undertaker, Wm N. Lange

Place of Business, No 62 East St *Address* No. 3 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34077

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 4th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Geo. W. Barick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Forty Years, — Months, — Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Painter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} N. E. Station Police House.

Cause of Death, First (Primary.) Intemperance.

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 5th/79

Undertaker, George Schilling

Place of Business,

W. Ellis Ireland M. D.
Medical Attendant.

Address Coroner E.S.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to those on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Thuis

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* Nine *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 1945 Washington Ave

Cause of Death, {First, (Primary,) / Second, (Immediate,)} Hydrocephalus

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, August 6th 1879

Medical Attendant. Nicholas F. Dorsett M. D.

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway *Address,* 207 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0728]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Moses.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 24 *Years,* ..... *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married.

Occupation, ...

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 9 years.

Place of Death, {Give street and number} 89 N. High St

Cause of Death, First, (Primary.) Acute Gastro-Enteritis

Second, (Immediate.) .....

Duration of last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Conn

Date of Burial, August 6th Abram B Arnold M. D.

Medical Attendant.

Undertaker, Tyler Elam

Place of Business, 101 Gough St *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 4th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Stumph

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country. (And how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 4 yrs 4 Mo

Place of Death, {Give street and number} 292 Orleans St

Cause of Death {First, (Primary,) Cholera Infantum
Second, (Immediate,) Convulsions

Duration of last Sickness, 21 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Aug. 5th

L. Blanck, M. D.
Medical Attendant.

Undertaker, M. Diffee

Place of Business, 1 B. and A. 151 *Address,* 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 34081

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Heinrich Baumeister.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 14. *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Belair Avenue

Duration of Residence in the City of Baltimore, 14 days

Place of Death, {Give street and number.} Polar Avenue

Cause of Death, First (Primary,) Diarrhea Infantum

Second (Immediate,) Enteritis

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery

Date of Burial, August 6th

Undertaker, Peter O'Neill

Place of Business, 612 E. Pratt St *Address*

Chas M. St. Paul M.D.
Medical Attendant.
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret McKenna

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 4. Scott St.

Cause of Death First, (Primary,) Gastro intestinal Catarrh

Second, (Immediate,)

Duration of last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, August 6th 1879

Undertaker, Sept 7 Bruce

Place of Business, 57 N Eutaw

Edwd. F. Mulholland M. D.
Medical Attendant.

Address, 279. W. Lombard.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34083

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Bier

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* 4 *Months,* 26 *Days.*

Color, White ~~Sex,~~

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city,

Duration of Residence in the City of Baltimore, Lifetime except Fifteen years in N.O.

Place of Death, {Give street and number.} 186 Scott st -

Cause of Death, First (Primary,) Elephantiasis

Second (Immediate,) Suffocation - by obstruction of Windpipe -

Duration of Last Sickness, many years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 6th

Undertaker, Wm J Fichter

Place of Business, 65 S Eutaw st

J Harvey Hill M. D.
Medical Attendant.

Address 119 Edmondson Ave -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 0 8 4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Francis Williams

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 15 *Years,* 4 *Months,* *Days.*

Color, White ~~Sex,~~

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city -

Duration of Residence in the City of Baltimore, Lifetime -

Place of Death, {Give street and number.} 142 Harlem Avenue -

Cause of Death, {First (Primary,) Convulsions - from Indigestion -
Second (Immediate,) Meningitis -

Duration of Last Sickness, Two weeks -

All the above information should be furnished by the Physician.

Place of Burial, Old Catholic Cemetery J. Harvey Steel M. D.
Medical Attendant.

Date of Burial, Aug 6th 1879

Undertaker, Denny & Mitchell *Address* 119 Edmondson Ave -

Place of Business, 55 & 60 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34085

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 4th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian M. Krulle

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and number} S. W. Cor. Wolfe & Canton Avenue

Cause of Death First, (Primary,)

Second, (Immediate,) Apoplexy

Duration of last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, August 6th

Undertaker, H. Forbush

Place of Business, 246 Eutaw Av

A. A. Yost M. D.
Medical Attendant.

Address, 133 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th August 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elise Josephine Marot.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 18 *Months,* 2 *Days.*

Color, white. *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 350 Eastern Av. Corner of Castle St.

Cause of Death, First (Primary,) Dentitio difficilis

Second (Immediate,) Spasmi.

Duration of Last Sickness, six weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, August 6th

Undertaker, H Freehlich

Place of Business, 296 Eastern Av

Rob. Arthur M. D.
Medical Attendant.

Address 121 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Burgess

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 60 *Years,* —— *Months,* —— *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Va

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number} 126 York St

Cause of Death {First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 5th 1879

Undertaker, S. W. Chase

Place of Business, Howard St *Address,* Commiss of Health & Registrar

M. D.

~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Exam by E. Wiseman

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34088

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, aug. 5/79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Weber

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, whit

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 115 N. Carolina St.

Cause of Death {First, (Primary,) Cholera Infantum

{Second, (Immediate,) .....

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore city

Date of Burial, Aug 6th

Undertaker, H. Leach

Place of Business, 19 35 Bond

R. W. Mansfield *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1919 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Tindall

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number} 208 Fort ave.

Cause of Death First, (Primary.) Dilatation Malignia

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, August 6th

Undertaker, Chas. Harle

Place of Business, 411. Light St. *Address,* 315 Light St.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harman W Henniman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 58 Pine st

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 58 Pine st

Cause of Death, First, (Primary,) Tetanus Nascentium

Second, (Immediate,) ____

Duration of last Sickness, About 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, August 6th

Undertaker, H Meyer 106 no

Place of Business, 106 new Harv

A Darling M. D.
Medical Attendant.

Harvey

Address, 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Willhelm

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 37 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 6. Clarke St.

Cause of Death, First (Primary,) Cerebral Softning

Second (Immediate,) Epileptic Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsis

Date of Burial, Aug 6

Undertaker, John E Mough

Place of Business, 319 Penna Ave *Address*

D. C. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention ... of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 5. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laurence Ryan

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Seven *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} In Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Chesapeake Railway Wks.

Cause of Death, First, (Primary) Drowning.

Second, (Immediate,) —

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, August 6th 1879

Undertaker, Capt Lake

Place of Business, 161 Balto St

W. G. Roland M. D.
Medical Attendant

Address, Comm. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. [OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34093,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Martin Schneider

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bremo

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 45 N. Carolina

Cause of Death {First, (Primary,) Cholera Infantum
Second, (Immediate,) Eclampsia

Duration of last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 7 August 1879

Undertaker, John C. Smith

Place of Business, 45 Hanover

J Hattrell M. D.
Medical Attendant.

Address, 245 S. Bethel St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...f this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Hartell

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 8 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ditto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} S. E. Cor. Albemarle & Lombard Sts.

Cause of Death { First, (Primary,) Poor / Second, (Immediate,) Marasmus

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, East Cemetery

Date of Burial, August 7th 79

Undertaker, Wm. J. Bullitt

Place of Business, 24 W. Balto St

J. Hutton M. D.
Medical Attendant.

Address, 245 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention ... back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kunigunde Stumpf

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} 147 S. Bethmont

Cause of Death First, (Primary,) Confinement (Kephalothipsis)

Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Aug. 6th

Undertaker, H. Diffel

Place of Business, 1 Broadway

Hattres M. D.
Medical Attendant.

Address, 245 S. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...is certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5, 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary McCue

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 *Years,* 1 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore,

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 411 Light St

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Dysentery

Duration of last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem } City.

Date of Burial, August 7th

Undertaker, B. Mace

Place of Business, 411 Light St. } *Address,*

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Judah Robinson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Dorchester Co Md.

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number} 211 Howard St

Cause of Death, {First, (Primary,) ; Second, (Immediate,)} Consumption

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loudon County

Date of Burial, August 6 1879

Undertaker,

Place of Business,

R. M. Stacy M. D.
Medical Attendant.

Address, 962 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention ... of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 0 9 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lloyd Hammond

~~Sex~~, Male or Female, {cross out the word not required in this line.}

Age, 29 *Years,* ..... *Months,* ..... *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number} 138 Gorsuch st

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Tumor of the Abdomen

Duration of last Sickness, 13 weeks

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, August 6th 79

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 262 S. Sharp st

R. M. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 9. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG. 6 1879 BALTIMORE

Date of Death, August 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Ann Meads

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 17 *Years,* — *Months,* *Days.*

Color, Colored — ~~Sex,~~ —

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and number.} 301 E. Biddle St.

Cause of Death, First (Primary,) Suppressio Mensium

Second (Immediate,) Congestion of Brain —

Duration of Last Sickness, three days —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug. 6th 1879

{*Undertaker,* John C Loeber

Place of Business, Park Ave 66

J Harvey Hill M. D.
Medical Attendant.

Address 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patk Brady

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Shoe-cutter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland (27 yrs in America

Duration of Residence in the City of Baltimore, 27 yrs.

Place of Death, {Give street and number} St Joseph's Hospital

Cause of Death First, (Primary,) Tuberculosis

Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, August 6 1879

Undertaker, James A Byrne

Place of Business, No 63 N Front St

D Scott Cakery M. D.
Medical Attendant.

Address, 185 S Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34101

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George W Kerner

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 4 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 83 S Green st

Cause of Death, { First, (Primary,) Second, (Immediate,) } Cholera Infantum

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 7 1879

I H Kinney M. D.
Medical Attendant.

Undertaker, John S Kachel

Place of Business, 150 Camden st *Address,* 76 Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[074.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 5. 99

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank McDonald

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days.*

Color, colt

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 27 Foster alley

Cause of Death First, (Primary.) scrofula

Second, (Immediate,) abscess (psoas)

Duration of last Sickness, 2 mo

All the above Information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, August 6th 1899

G Lane Taneyhill M. D.
Medical Attendant.

Undertaker, Chas T Scriven

Place of Business, 127 N Eutaw St

Address, 129 W Bedale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anastatia Dunn

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 14 N. Oregon

Cause of Death { First, (Primary,) Endocarditis
, { Second, (Immediate,)

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetry

Date of Burial, August 6

{ *Undertaker,* Matthew Fatigan
{ *Place of Business,* 231 [illegible]

Edw F. Meichwelan M. D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo L Smith

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 28 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Machinist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 116 Hanford Road

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,) 2 to 3 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, August 6 1879

Undertaker, James P. Byrne

Place of Business, No 63 n Eutaw St

C. O'Donovan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention [illegible] this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 6 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel H Ineo

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 73 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 104 S Wolfe

Cause of Death, {First, (Primary.) Paralysis

Second, (Immediate.) ____

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Aug 6 1879

Undertaker, H. A. Daiger

Place of Business, 74 S. Broadway

M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 c / 1 0 6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 4th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Butler

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 7 *Years,* 2 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 46 E. Barney st

Cause of Death, { First, (Primary,) { Second, (Immediate,) } Marasmus

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Aug. 6. 1879

Undertaker, M. V. Lacey

Place of Business, 74 S. Broadway

Address, [illegible]

H. Duffy *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{07 4h}

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Dreen

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 100 Gold st

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Aug 6th 1879

H. M. Webster M. D.
Medical Attendant.

Undertaker, E. F. Krause

Place of Business, 209 Hanover

Address, 57 Monroe

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edw Gilbert

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 19 *Years,* 2 *Months,* —— *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary.) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 6th 1879

Undertaker, Wm James Gross

Place of Business, 65 Mulberry St

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary.) ..... Second, (Immediate.) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ... *M. D.*

Medical Attendant.

Undertaker, ...

Place of Business, ... *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hardie

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 96 Russell St

Cause of Death {First, (Primary,) Mal Nutrition (artificial

Second, (Immediate,) Summer Complaint

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, St Mary's St Cemetery

Date of Burial, Augt 6th 1879

James Steuart M. D.
~~Medical Attendant.~~

Undertaker, Owens & White

Place of Business, Fremont St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to duty of the Physician who attended during his or her last sickness, or other persons superintending the burial, a Certificate setfurnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd E. Wenman

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella May Ellis

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 121 Cross

Cause of Death, {First, (Primary,) Meningitis

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill cem

Date of Burial, August 6th

Undertaker, Armstrong & Denny

Place of Business, 263 Light st *Address,* 315 Light St.

R. H. J. Ellis *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna C. E. Kaster

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 258 Franklin

Cause of Death {First, (Primary,) Cholera Inf.
Second, (Immediate,) Peritonitis

Duration of last Sickness, 6 days.

All the above Information should be furnished by the Physician.

Place of Burial, Germantown Druid Hill Park

Date of Burial, August 7th 1879.

Louis Ch. Hoen *M. D.*
Medical Attendant.

Undertaker, Adam Heidemyer

Place of Business, [illegible] Baltimore St. *Address,* 226 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Miller

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 0 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 172 Hamburg St

Cause of Death First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Aug 7th 1879

Undertaker, Peter Kachel

Place of Business Sharpe & Cross

Address, 141 Hanover St

Thos [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Frances Fisher

~~Sex, Male or Female,~~ {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 11 Josephine St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 11 Josephine St

Cause of Death First, (Primary.) Peritonitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Wes Public Cemetery

Date of Burial, Aug 6, 1879

Undertaker, Fred Kerchner

Place of Business, 50 Carrollton Ave

A. McCathran — *M. D.*
Medical Attendant.

Address, 930 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franz Dittera

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 70 S. Wolfe

Cause of Death, {First, (Primary) ____ Second, (Immediate.) Convulsions

Duration of last Sickness, Several hours

All the above information should be furnished by the Physician.

Place of Burial, N. Cemetery

Date of Burial, Aug. 7th

Aug. F. Emich M. D.
Medical Attendant.

Undertaker, H. Franke

Place of Business, 112 S. Paca *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3411 6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 8 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Kutthere

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ~~No~~ 34 Abbot St

Duration of Residence in the City of Baltimore, 7 mos

Place of Death, {Give street and number} 34 Abbot St.

Cause of Death {First, (Primary,) Cholera Infantum
Second, (Immediate,) Exhaustion

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Bur

Date of Burial, August 7th 1879

Undertaker, Adam Fink

Place of Business, 461 N. Gay St., *Address,* 27 11 Broadway

Geo Walker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura A. York

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, {Give street and number} 123 S. Bond

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,)

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 7th

Undertaker, Henry Lauber

Place of Business, 242 Eastern Av

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margeretta Steinbuck

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 90 *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, —

Birthplace, {State or country, and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number} 326 East. Aven

Cause of Death, First, (Primary.) old age

Second, (Immediate.)

Duration of last Sickness, failing since last March

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Abram B Arnold M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Aitken

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} S. H. Hospital

Cause of Death { First, (Primary.) Old age
Second, (Immediate.) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, August 8th 1879

Oscar J. Coskery M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway *Address,* 188 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34120

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, augh 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla & Wm Franklin (Parents

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 4 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 92 Saulsbury alley

Cause of Death {First, (Primary.) Second, (Immediate,)} Spasms

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Lakeside St Cemetery

Date of Burial, Aug 6 1879

Undertaker, Charles A White

Place of Business, Granby St

Address, Comm of Health & Registrar

James A Shum M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E Wenman

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mourtha Eotentz

Sex, Male or Female, {cross out the word not required in this line.}

Age, 19 *Years,* 6 *Months,* — *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 26 Irving St

Duration of Residence in the City of Baltimore, Leving Life

Place of Death, {Give street and number} 10 Hanover St

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,)

Duration of last Sickness, Six ~~year~~ Month

All the above information should be furnished by the Physician.

Place of Burial, Mount Hope Cemetery

Date of Burial, August 6 1879

Undertaker, W. C. Mass

Place of Business, 198 Hanover St

J J Shultz M. D.
Medical Attendant.

Address, 260 South Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [ov

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 c f 1 2 4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5 d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Penny

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Thirty Seven *Years,* *Months,* *Days.*

Col'd or White, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co Maryland

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number} No 259 Hughes Street

Cause of Death First, (Primary,) Exhosure Retal denegeration

Second, (Immediate,) Uraemia complications

Duration of last Sickness, Six weeks

All the above information should be furnished by the Physician.

L. P. Dyer

Place of Burial, Laurel Cemetery

Date of Burial August 6 1879

Undertaker, S. W. Gehan

Place of Business 198 Howard St *Address,* 146 Hill St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34123

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th August

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Cottmann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years.~~ 7 mos *Months,* *Days.*

Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 53 State St

Cause of Death, {First (Primary,) Convulsions from teething.
Second (Immediate,)

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, August 7th 1879

Undertaker, John J Andrews

Place of Business, No 44 Druid Hill Ave Address

Jno. S. Jay. *M. D.*
Medical Attendant.

Park Ave & Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3412cf

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, August 5th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Philby Schimpf

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, one *Years,* *Months,* twenty one *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 58 S. Carey St. Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 195 Lee St.

Cause of Death {First, (Primary,) probably Dentition

{Second, (Immediate,) Cerebritis

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, August 7th

Undertaker, Wm. J. Pickner

Place of Business, 65 S. Eutaw St.

Jos. Clarke M. D.
Medical Attendant.

Address, Howard & Lombard sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Hy. Baker

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 23 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Brakeman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give street and number} On Fare av. Bridge

Cause of Death, First, (Primary,) Accidentally run over

Second, (Immediate,) by the Cars at Locust Point

Duration of last Sickness, 2 1/2 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 7 day of August 1879 R. C. Lee M. D.

Medical Attendant.

Undertaker, E. M. Leonard & Son

Place of Business, —— *Address,* Harvard & Barnes Sts.

Coroner's D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 6th 1879

Full Name of Deceased, {White legibly and spell correctly. If an Infant not named, give names of parents.} Annie Coutel

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 67 *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} France — 10 years —

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 51 N. Liberty St

Cause of Death First, (Primary.) Subject to Spells of Heart disease for

Second, (Immediate,) Heart disease } 10 years

Duration of last Sickness, 6 hours — } part

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Augt 8th 1879 Jas A Steuart M. D.

Undertaker, C. D. Krause

Place of Business, Hanover St *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Myers Emmert

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, Eleven (11) Months, Twenty four (24) Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number} 137 N. Spring Street

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, Eight (8) Days.

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, August 7th 1879

Undertaker, Wm. Libau

Place of Business, 101 Gough St

Signature: Sir Elsner M. D.
Medical Attendant.

Address, Cor Eager & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th. August. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anny Kutkoski

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* ~~ ~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~ ~~

Occupation, ~~ ~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, During Lifetime.

Place of Death, {Give street and number} S. Ann street 269.

Cause of Death, First, (Primary.) Morbilli

Second, (Immediate,) Pleuro Pneumonia

Duration of last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, H. Alphonsus

Date of Burial, August 7th

Undertaker, H. Diffel

Place of Business, 1. Bond st. 151

William Kunkel M. D.
Medical Attendant.

Address, S. Wolfe st. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August. 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Jane Farrow

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 33 *Years.* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 320 Park Av

Cause of Death, {First (Primary,) Pulmonary Phthisis
Second (Immediate,) Asthenia

Duration of Last Sickness, I do not know

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 8th August

(1879) J. C. Chew M. D.
for F. J. Miles M D Medical Attendant.

Undertaker, R. J. Emmerson. *Address* 141 Lanvale St

Place of Business, No 92 N. Howard Baltimore see other side

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34130

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, Sixty *Years.* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give street and number} No. 63 Pearl Street

Cause of Death {First, (Primary.) Typhoid Fever

Second, (Immediate,) Eight days

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Aug 8th 1879

Undertaker, Jno B Lord

Place of Business, No 707 N Baltimore *Address,* 306 N. Augusta

Chas. H. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 7th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry Day

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~~ *Years,* 4 *Months,* ~~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 17 Parish all- near Patterson av.

Cause of Death {First, (Primary,) Mal Nutrition (ante fecial)
Second, (Immediate,) Diarrhoea

Duration of last Sickness, one week

All the above Information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Augt 7th 1879

Undertaker, F. A. Kirchner

Place of Business, S. Corrollton Ave

J. Runt Allen M. D.
~~Resident Physician~~

Address, Comm'rs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E. Wenman

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William James Dolly

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 73 Goodman's Alley

Cause of Death First, (Primary.) Indigestion

Second, (Immediate,) Inanition

Duration of last Sickness, one Week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemty

Date of Burial, Augt 7 1879

Undertaker, Hercules Ross

Place of Business, Conway St

James Clemm M.D.
Medical Attendant

Address, County Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by — E. Weinman

The Special Attention of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34/133.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Snyder

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 69 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Oyster Dealer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 15 S. Ann Street

Cause of Death, First, (Primary.) Nephritis Albuminosa

Second, (Immediate,) Dropsy

Duration of last Sickness, Week

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, August 8th 1879

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av

Wm. C. Paul M. D.
Medical Attendant.

Address, S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Name Charles August Meyer

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Date of Death August 6th 1879

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 232 Sharp

Cause of Death, {First (Primary,) Congestion of Brain

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, August 8th

{*Undertaker,* Henry Breil

{*Place of Business,* Henrietta St 81

C. Harvey Hill M. D.

Medical Attendant.

Address 117 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth J Geo Rogers Parents

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~———~~ *Years,* ~~———~~ *Months,* 3 *Days.*

Color, white.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 214 Canton ave

Cause of Death { First, (Primary,) Second, (Immediate,) Convulsions

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemy

Date of Burial, Augt 7 1879

Undertaker, Henry Sander

Place of Business,

James J Clarke M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DELANY & CO., CITY PRINTERS AND STATIONERS.

Exam by E. Wenman

The Special Attention of [illegible] is respectfully invited to the Remarks below, and to List of Diseases on Ba[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34136

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 6/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Kelly

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 47 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland : 20 years in U. S.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} 42 Clement st. Locust Point

Cause of Death, First, (Primary,) Pulmonary tuberculosis

Second, (Immediate,) ____

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Aug. 9, 1879

Undertaker, M. F. Dayon

Place of Business, 74 S. Broadway

(P) Geo. Davis, D.
Medical Attendant.

Address, 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 7th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas H Tuttehill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 9 S Gilmor St

Cause of Death, {First (Primary.) Congestion of the Brain

Second (Immediate.)

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, August 9

Undertaker, J B Cook

Place of Business,

I. M. Hamble M.D.
Medical Attendant.

Address 203 N Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the ...ician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight ... after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the ...n be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ... death, except in cases of births and deaths of illegitimate children.

Permit 1491

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Berry Carroll

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ann Arundel Co

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number} No 7 Jasper st

Cause of Death {First, (Primary.) Cholera Infantilis

Second, (Immediate,) Meningitis (& Paralysis)

Duration of last Sickness, 4 days (acutely)

All the above information should be furnished by the Physician.

Place of Burial, Ann Arundel. South River Cemd

Date of Burial, Aug 8th 1879

Undertaker, Wm J. Gray

Place of Business, 63 Mulberry St

Robt H Miffleton M. D.
Medical Attendant.

Address, 64 N Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Trans 1491

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 c / 139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th / 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma A Weber

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number} 268 N Caroline St

Cause of Death, First, (Primary,) Cerebro-Spinal Meningitis

Second, (Immediate,)

Duration of last Sickness, about 10 days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetary

Date of Burial, August 8th 1879.

D. M. Cathell M. D.
Medical Attendant.

Undertaker, Leonhard Kurtz

Place of Business, S. Bond & 272.

Address, 21 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 / 1 4 0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 5. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Thomas

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Five *Months,* ——— *Days.*

Color, Colored *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Not Known

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give street and number.} 26 Gale St

Cause of Death, {First (Primary,) Umbilical Hernia
Second (Immediate,) Atrophy — Malnutrition —

Duration of Last Sickness, Not Known

All the above information should be furnished by the Physician.

Place of Burial, N. Public Cemetery *E. H. Holbrook* M. D.
Medical Attendant.

Date of Burial, Aug 7th 1879

Undertaker, F. A. Herchner *Address* Hen. Fire Department

Place of Business, Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 341 41

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Sarah Lewis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, 40 or 50 years

Place of Death, {Give street and number.} 34 Sarah Anne St

Cause of Death, {First (Primary,) / Second (Immediate,)} Burn on left arm & shoulder

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemet

Date of Burial, Augt 7th 1879

Hill & Smith M. D.
Medical Attendant.

Undertaker, P. Kummel

Place of Business, Mulberry St

Address 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 34142

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 6th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ellen Brooks

Sex, ~~*Male*~~ *or Female,* { cross out the word not required in this line. }

Age, ____ *Years,* Two *Months,* three *Days.*

Color, col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Rear of East 1059

Cause of Death, { First, (Primary,) Whooping Cough / Second, (Immediate,) Diarhea

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Aug 7

Undertaker, Wareham Wayman

Place of Business, 13 Saratoga St

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7th, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Roth

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} # 32 Thames St.

Cause of Death, First, (Primary,) Cholera Infantum.

Second, (Immediate,)

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Aug. 8th

Undertaker, [illegible]

Place of Business, [illegible]

John H. Rehberger M. D.
Medical Attendant.

Address, # 243 Alicanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34144

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 7, 1879 (Stillborn)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Stephenhorst

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3½ *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 189½ Front St

Cause of Death {First, (Primary,)} Cholera Infantum

{Second, (Immediate,)} Gastro-Enteritis

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 8th 1879

Undertaker, J. Rau

Place of Business, W. Balt St

Dr W. R. Morgan *M. D.*
Medical Attendant.

Address, 175 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Griffin

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* *Months,* four *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} No 190 S. Howard Street

Cause of Death { First, (Primary.) Change of Temperature
Second, (Immediate,) Spinal Meningitis

Duration of last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St.

Date of Burial, August 8th

Undertaker, Hercules Ross

Place of Business, 95 Conway St.

J. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 34146

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 7th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infata Wilmer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 2 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word is not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 170 S. Pine

Cause of Death, {First (Primary.) Cyanosis

{Second (Immediate.)

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, Aug 8 1879

Undertaker, J Dill

Place of Business, 183 Columbia Address 203 N Lanvale

I G Wamble M. D.
Medical Attendant.

HEALTH DEPARTMENT AUG 8 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug't 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna & Thomas Goodwin (Parents)

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~_____~~ *Years,* ~~_____~~ *Months,* half ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 162 N. High St

Cause of Death {First, (Primary.) Pedriopic Labium

Second, (Immediate,) asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem'y

Date of Burial, Aug't 8 1879

James A Clark M. D.

~~Medical Attendant.~~

Undertaker, or Dennis Driscoll

Place of Business, 162 N. High St *Address,* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by E. Wirnman

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH AUG 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 1. 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } M Horace Cramer

Sex, Male or ~~Female~~, { cross out the word not required in this line. } Male

Age, ~~____~~ *Years,* 11 *Months,* 23 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number } 164 Myrtle ave

Cause of Death, { First, (Primary.) Pericarditis — Second, (Immediate,) Asphyxia

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial Southern Cemetery Manchester Carrol Co. Md.

Date of Burial, Aug 2 79

Undertaker, Thos. Roethel

Place of Business, 150 Germans St

W. H. Parks M. D.
Medical Attendant.

Address, 53 N. Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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[OVER]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 1 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. Brady

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 319 Hanburg St

Cause of Death First, (Primary,) Summer Diarrhoea

Second, (Immediate,) Convulsions

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 2 1879

Undertaker, S. H. Adams

Place of Business, 196 Hanover St.

Jacob Cole M. D.
Medical Attendant.

Address, 40 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34150

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 7, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delfair M. Elbert

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 6 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 28 Chain St

Cause of Death {First, (Primary,) Cholerae Infantum

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount St. Cemetery

Date of Burial, Aug. 8 1879

Undertaker, J. W. Lehnert

Place of Business, 198 Bouvard St

M. D. Medical Attendant.

Address, 1116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Permit No. 34157

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin N. Westwood

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 2 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 356 Lanvale st

Cause of Death, {First (Primary,) Tuberculosis; Second (Immediate,) Convulsions}

Duration of Last Sickness, two Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Aug 9th 79

Undertaker, E. Codekilling,

Place of Business,

C. L. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wagner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, Five *Years,* Four *Months,* Six *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 275 Cross St.

Cause of Death, {First (Primary.) Scarlet Fever Diphtheria

Second (Immediate,) Expansion.

Duration of Last Sickness, Sixteen days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 9th

{*Undertaker,* H Brooks

Place of Business, Henrietta St 81

D E Lucey H Barclay *M. D.*
Medical Attendant.

Address 47 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie E. Sewell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 1 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 155 N. Eden Street

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Aug 8/79

Undertaker, Thos. F. Hughes

Place of Business, 60 E. Bue St *Address,* ____

Chas. E. Blake M. D.
Medical Attendant.

S. S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 34154

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hanley

Sex, Male or Female, {cross out the word not required in this line.}

Age, 58 years *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 32. N. Fulton

Cause of Death {First, (Primary,) Gastro intestinal Catarrh
Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia

Date of Burial, Aug 11th

Undertaker, Deering & Metcalf

Place of Business, 530 W Fayette St *Address,* 279 N. Linsbard

Edw. J. McWilliams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1493 Trans

[OVER.]

...Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

THE ... AUG 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jordan Sproile

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, Thirty two *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, work

Birthplace, {State or country (and how long in the United States, if of foreign birth.} North Carolina (what part not known)

Duration of Residence in the City of Baltimore, Sixteen years

Place of Death, {Give street and number.} No 85 N. Calvert Street

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, Two weeks & four days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Aug 8th 1879

Undertaker, John C. Jordan

Place of Business, Park ave *Address*

J J Mackenzie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34156

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Carr

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 74 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Farmer

Birthplace, {State or country, and how long in the United States if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and number} Dockerty alley & Fountain St.

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) Two Days

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 8th 1879

J Shelton Hill M. D.
Medical Attendant.

Undertaker, H B Cook

Place of Business, No 707 W Baltimore Street | *Address,* 432 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 7th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sr. Father H C Neal

Sex. Male or Female, {Cross out the word not required in this line.} Male

Age. 5 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 7069 Parkin

Cause of Death, {First (Primary.) Meningitis.
Second (Immediate.)}

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, Aug 8th 1879

{*Undertaker,* J. B. Cook
Place of Business, No 707 N. Baltimore street

J G Mouchette *M. D.*
Medical Attendant.

Address 203 W Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24158

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore City August 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Napolian Bonpart Swift

Sex, Male or Female, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Rolling Mill Hand

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number} 196 South Washington Ave

Cause of Death First, (Primary,) Pleuro abdominal Peritonitis

Second, (Immediate,)

Duration of last Sickness, Five and a half days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Sunday, Aug. 10, 1879

Undertaker, Wendelin Dippel,

Place of Business, 151 & 153 S. Bond St.

Paul Post M. D.
Medical Attendant.

Address, 139 E Fort St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT AUG 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Welch

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Dress Making

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 114 Dolphin St

Cause of Death First, (Primary.) Chronic Hepatitis

Second, (Immediate.) Exhaustion, Hemorrhage Bowels

Duration of last Sickness, Some Years

All the above information should be furnished by the Physician.

Place of Burial, Bonn Place

Date of Burial, August 8th 79

Undertaker, Chas Tyson

Place of Business, 2 Pct. Butler

Chas A'Brown M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 8 1879 BALTIMORE

Date of Death, August 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Sarah Dinan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* 10 *Months,* 23 *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word is not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth} Richmond Virginia

Duration of Residence in the City of Baltimore. 6 years & forty years

Place of Death, {Give street and number.} (340) 340 N Eutaw St

Cause of Death, {First (Primary.) / Second (Immediate,)} Old age / Senile Marasmus

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery Jas A Mulaje M. D.

Date of Burial, August 9th 1879 Medical Attendant.

{*Undertaker,* Wm Weaver / *Place of Business,* No 202 N. Eutaw St} *Address* No 14 N Paca Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday Aug 8 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Taylor

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number} 238 Pine

Cause of Death { First, (Primary.) Tubercular Meningitis
Second, (Immediate,)

Duration of last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Aug 9 1879

Undertaker, J. H. Gruber

Place of Business, 16 S. Howard St

J Bennett Harris M. D.
Medical Attendant.

Address, 352 W. Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo A Jackson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 15 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ———

Birthplace, {State of country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number} Spring Gardens foot Eutaw St Res 17 Penn

Cause of Death, First, (Primary.) Believed to be Accidentally Drowned

Second, (Immediate,) Shock

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Church St Cemetery

Date of Burial, Aug 7 1879

Undertaker, S. M. Chase

Place of Business, 19 Hanover

P. G. Lee M. D.
Medical Examiner
Coroner

Address, Hanover & Baltimore Sts

HEALTH DEPARTMENT AUG 7 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34163

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 8 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel R. Gill

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Thirty-eight *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} No 375 Mc Gayette St

Cause of Death, {First, (Primary,) Disease of Brain

Second, (Immediate,)

Duration of last Sickness, About 1- Three Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Aug 9 th 1879

Undertaker, Jos L. Evans

Place of Business, Fremont Balto 825

D. S. Rieu M. D.
Medical Attendant.

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 8th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Wagner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 8 *Years,* 5 *Months,* 18 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 270 Cross St.

Cause of Death, {First (Primary,) Scarlet Fever, (Malignant)
Second (Immediate,) Typhoid Condition, Exhaustion

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Augst 9th

{*Undertaker,* H. Price
Place of Business, Hanover St 81

Dr Lucy H. Barclay M. D.
Medical Attendant.

Address 47 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 1 6 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Birx

Sex, Male or Female, {cross out the word not required in this line.}

Age, Years, 10 Months, 7 Days.

Color, w hill

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 358 S. Howard St

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemty

Date of Burial, August 9th

Undertaker, H Boile

Place of Business, Pennsylvania Ave

[redacted] M. D.
Medical Attendant.

Address, 321 Lig Lt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 34166

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nelson + Carrie Miles

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ~~~ *Years,* ~~~ *Months,* 5 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } G. Alley no 1 Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number } G. Alley no 1

Cause of Death { First, (Primary,) Cause of death unknown; Dr. { Second, (Immediate,) was during when I saw him

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, August 8

Undertaker, J. David

Place of Business, No 102 Lee St

J. K. Wiley M. D.
Medical Attendant.

Address, 158 Hanover St + Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 6. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mary Traudt

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hanover, Germany

Duration of Residence in the City of Baltimore, twenty six yrs.

Place of Death, {Give street and number} 431 E Fairle St.

Cause of Death First, (Primary,) Colitis

Second, (Immediate,) Typhoid Fever

(Antecedent)

Duration of last Sickness, Ten days previous to death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 9.

Undertaker, John Heaney

Place of Business, 382 Orleans St.

G. H. A Lusk M. D.
Medical Attendant.

Address, Balt. & Paul Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34168

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Foley

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number} 702 Hanover St

Cause of Death {First, (Primary,) Natural

{Second, (Immediate,) Convulsions

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial St Vincents Cemetery

Date of Burial, August 9th 1879

Undertaker, James D Byrne

Place of Business, No 63 N Front St

E. K. Wiley M. D.
Medical Attendant.

Address, 158 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34169.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 7th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Trageser

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Three (3) *Years,* Nine (9) *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City Since birth

Duration of Residence in the City of Baltimore, 96 Somerset Street

Place of Death, { Give street and number } Scarlatinal Nephritis

Cause of Death { First, (Primary,) Pyrexia & Erysipelas Arcuas Second, (Immediate,) Eight Days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wilkens Cem

Date of Burial, August 10 1879

Undertaker, Henry Hoyle

Place of Business, 32 Central Ave *Address,* cor Bayard & Carolina Sts

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Margaret Barnes

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~or Widower~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 17 Mulberry St

Cause of Death {First, (Primary,) Gastric Catarrh
Second, (Immediate,) Anoemia

Duration of last Sickness, six Months

All the above information should be furnished by the Physician.

Place of Burial, Hagerstown Md

Date of Burial, August 11 1879

Thomas Shearer M. D.
Medical Attendant.

Undertaker, W. Jenkins & Son

Place of Business, 16 Light St *Address,* 971 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

Transit 14 94

Board of Health, City of Baltimore,

Permit No. 34171

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick L. Hoke,

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 1 *Years,* 3 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City,

Duration of Residence in the City of Baltimore, All his Life

Place of Death, {Give street and number.} 175 N. Baltimore St.

Cause of Death, First (Primary,) Cholera Infantum,

Second (Immediate,)

Duration of Last Sickness, 24 Days.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Aug 6th 1879

Undertaker, J. McKenna

Place of Business, 782 W. Baltimore

John L. Kluge M.D.
Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 3 4 1 7 2

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Died 9th of August 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ethelinda Statman Tuttle

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 54 E Fayette Street

Cause of Death, {First (Primary,) Meningitis tuberculosa

{Second (Immediate,)

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, Sept 10 1879

Undertaker, Steward & Moore

Place of Business, Parkar

Charles H. Thomas M. D.
Medical Attendant.

Address 85 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death. Aug 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Codd

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 36 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Waggoner

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. city

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} Basin near Hughs

Cause of Death, {First (Primary,) Believed to be Accidentally Drowned.

Second (Immediate,)

Duration of Last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, M. E. Grave Yard

Date of Burial, August 9 1879

Undertaker, Dehuff & Mitchell

Place of Business, 65 S. Broadway

R. C. Lee M.D.

~~Medical Attendant~~ Coroner S.D.

Address, Hanover & Bare Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 84/1714

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin F. Wiles

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Eight *Years,* Eleven *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 21 Ryan St.

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) Exanition

Duration of last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, West Ten Eleven

Date of Burial, Aug 10.

T. F. McCormick M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 West Baltimore St. *Address,* ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J Bart

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 22 *Years,* 6 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Iron worker

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 221 W. Baltimore St

Cause of Death, First, (Primary.) Dysentery Cholera and old Age

Second, (Immediate,) Exhaustion

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Wrightsville Cemetery

Date of Burial, Aug 26

Undertaker, J B Cook

Place of Business, 707 West Baltimore St

C. L. Liddenbrock M. D.
Medical Attendant.

Address, 166 N. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 8- 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Myers

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, Black -

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Pratt. md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 8 Fergusons Court.

Cause of Death { First, (Primary,) Pleuritis
Second, (Immediate,) Asthenia

Duration of last Sickness, one month

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Augt 9th 879

Undertaker, C. F. Krauer

Place of Business, Hanover St

Jno. D. Kline M. D.
Medical Attendant.

Address, 76 Edmondson Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 7. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Wilhelm

Sex, Male or ~~Female~~, {cross out the word not required in this line.} M

Age, *Years,* *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 147 S. Eden St.

Cause of Death {First, (Primary,) Marasmus

Second, (Immediate,) E. of Lanolin

Duration of last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, August 9th 1879

Undertaker, M. McGuigan

Place of Business, 341 Eastern Ave

G. Glanville Lee M. D.
Medical Attendant.

Address, Balt. & Gay sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per... deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9th — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurance Johnson

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 247 William Str.

Cause of Death, First, (Primary,) Cholera. Infantum.

Second, (Immediate,) ____

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, August 10th

Undertaker, B. F. Hartley

Place of Business, 441 Light St.

L. O'Hanlon M. D.
Medical Attendant.

Address, 321 Light Str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

MT & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 1/179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Justus Schneider

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 298 Sharpe St

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,) diphtheria

Duration of last Sickness, about 7 days

All the above information should be furnished by the Physician.

Place of Burial, Ft. Evergreen

Date of Burial, Aug 9th

Undertaker, B. Harlow

Place of Business, 411 Light St

H. Myers M. D.
Medical Attendant.

Address, 95 S Sharpe St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 34180

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Power

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 7 Plowman Ln.

Cause of Death, {First, (Primary.) Cholera Infantum

{Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, August 10 1879

Undertaker, James P Byrne

Place of Business, No 63 N Smith St

E. D. Arnold M. D.
Medical Attendant.

Address, 7 Plowman Ln

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 8th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Collins

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, Forty five *Years,* — *Months,* — *Days.*

Color, Col'd

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Washer woman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co.

Duration of Residence in the City of Baltimore, 42 yrs.

Place of Death, {Give street and number} 173 St Paul St.

Cause of Death {First, (Primary.) Congestion of brain.
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Car. Mts. Cem. Co. Balto.

Date of Burial, Aug 1879

Undertaker, Samuel Hebbard

Place of Business, 108 Howard St

N. C. Ireland *M. D.*
Medical Attendant

Coroner. E. D.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Trans 14496

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 9th '79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Allen

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} University Hospital

Cause of Death First, (Primary,) Paralysis & Dysentery acute

Second, (Immediate,) Asthenia.

Duration of last Sickness, 9 hours.

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Aug 9, 1879

F B Bruce *M. D.*
Medical Attendant.

Undertaker, C H Enders

Place of Business, 16 Hanover St

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 9 1879 BALTIMORE

Date of Death, Aug 8th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Smith

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 19 *Years,* 7 *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 178 N. Front st.

Cause of Death { First, (Primary,) Consumption of Lungs
Second, (Immediate,)

Duration of last Sickness, 8 mo.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Aug 10th 1879

Undertaker, Henry K. Mears

Place of Business, 46 N. Gay st

John F. Monmonier M. D.
Medical Attendant.

Address, S.W. Calvert & Read sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 34184

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 9 1870

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Herbert,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cow-maker,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since Q Birth

Place of Death, {Give street and number} 1 West Fem St.

Cause of Death { First, (Primary,) Hemorrhage of Lungs,
Second, (Immediate,) Apoplexy

Duration of last Sickness, One Week

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Augt 10th 1870

Undertaker, Hy H Mears

Place of Business, 45 N. Gay St

G. G. Cook M. D.
Medical Attendant.

Address, Balt. & Mark. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 9 1879 BALTIMORE

Date of Death, July 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Gray

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 221 Mulliken St

Cause of Death {First, (Primary,) Stranguba

{Second, (Immediate,) Dis Menin

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cem

Date of Burial, July 10th 1879

Undertaker, Hodkin Sons

Place of Business, 73 Hillyard

Wm. L. Russell *M. D.*
Medical Attendant.

Address, Broadway & Fredrick St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 of 186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7th August 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Russell

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 132 Hamburg

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Babes Cemetery

Date of Burial, Aug 10 1879

Undertaker, Armiger & Dempsey

Place of Business, Lightman

H. W. Mebstead M. D.
Medical Attendant.

Address, 37 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 9th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Napoleon B. Kinker M.D.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* 9 *Months,* —— *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lynchburg Va.

Duration of Residence in the City of Baltimore. About 8 yrs.

Place of Death, {Give street and number.} 62 S. Stricker St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 11

Undertaker, J B Cook

Place of Business, 707 West Baltimore St

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Attention of ... to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. O. Fiveash

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ 2 *Months,* ~~Days.~~

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 mos

Place of Death, {Give street and number} 21 Rennert Ct

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of last Sickness, Nine (9) days.

All the above information should be furnished by the Physician.

Place of Burial, Lauron Park Cemetery

Date of Burial, August 10th

Undertaker, J. R. Crosh

Place of Business, 707 W. Balto St

H. L. Speer M. D.
Medical Attendant.

Address, 379 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

Permit No. 34189 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dory Rollins

Sex, Male or Female, {cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Hostler

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 127 Elbow Lane

Cause of Death {First, (Primary,) Typhoid Fever / Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel —

Date of Burial, Aug 11th 1879

Undertaker, T. W. Wadden

Place of Business, 335 N. Howard St.

Edwd F. Mitchell M.D.
Medical Attendant.

Address, 279 W. Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 9th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Ward

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Fifty — *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Boatman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} E Shore. Md 20 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} H of McElderry Wh.

Cause of Death { First, (Primary,) Drowned

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Crisfield

Date of Burial, August 10th

Undertaker, Hercules Ross

Place of Business, 95 Conway St.

S. C. Ireland M. D.
Medical Attendant.

Address, Coroner, E.S.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit Permit No 1497

[illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida May Bryant

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* — *Months,* — *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Chambermaid

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Goldsboro N. Carolina

Duration of Residence in the City of Baltimore, In years

Place of Death, {Give street and number.} 32 Sarah[illegible] St

Cause of Death, {First (Primary,) Tuberculosis / Second (Immediate,) Tubercular Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 10th 1879

Undertaker, Wm H Bishop Jr.

Place of Business, 97 Druid Hill Ave

C Smith M. D.
Medical Attendant.

Address 51 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 9, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James S. Murphy

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, W

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Lumber merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} York Co. Pa.

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number} Maltby House Pratt st

Cause of Death, First, (Primary,) Gout

Second, (Immediate,) Gout (Retrocedent)

Duration of last Sickness, one year

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 11 1879

Undertaker, Thos. S. Hughes

Place of Business, 60 E Balto & 138 Madison Ave

H W Melton M. D.
Medical Attendant.

Address, 57 Burnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 9th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Gabler

Sex, Male or Female, {cross out the word not required in this line.}

Age, one *Years,* *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 111 Pierce St

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Saint Alphonsus

Date of Burial, August 11th 1879

Undertaker, John J. Andrews

Place of Business, 164 & 166 Druid Hill Ave

Louis E. Horn M. D.
Medical Attendant.

Address, 22 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Tarson

Sex, Male or Female, {cross out the word not required in this line.} .....

Age, / *Years,* 2 *Months,* 7 *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} .....

Cause of Death, First, (Primary.) .....

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Lauders Park cemetery

Date of Burial, Aug 11th 1879

Undertaker, Jno B Cook

Place of Business, No 707 W Baltimore Street

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34195

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurance Monagan

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 57 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number} 231 Battery Ave

Cause of Death, First, (Primary,) Cancer of Stomach

Second, (Immediate,)

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cem. Dr.

Date of Burial, August 10th

Undertaker, R. J. Harle

Place of Business, 411 Light St.

P. J. Tate M. D.
Medical Attendant.

Address, 153 S. Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 10th—1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Allen

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 370 N. William St.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery.

Date of Burial, August 12th 1879

Undertaker, J. B. Marle

Place of Business, 411 Light St.

L. O. Harrington M.D.
Medical Attendant.

Address, 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex Mc Clelland

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, 17 Months, 15 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Monument St near Asquith

Cause of Death { First, (Primary,) Second, (Immediate,) Cholera Infantum

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 11th

Undertaker, George Schilling

Place of Business, 45 Holland Square

Wm. Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~45~~ 34198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 4th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Hetz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 5 *Months,* *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation, Child.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Dallas St. No. 89.

Duration of Residence in the City of Baltimore, since his birth

Place of Death, {Give street and number.} Dallas St. No 89.

Cause of Death, { First (Primary,) / Second (Immediate,) } Summer Diarrhea

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Paulus Cemetary

Date of Burial, 10th August. 1879

{ *Undertaker,* Wm. Nicolaus / *Place of Business,* 253 Alice Ann. } *Address*

East Ham M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Diston

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* Seven *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 15 Jenkins Alley

Cause of Death, First (Primary,) Infantile

Second (Immediate,) Convulsions

Duration of Last Sickness, Four or five days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, August 10th 1879

Undertaker, Wm N Dinger

Place of Business, No 62 East St

Eldridge G Price M. D.
Medical Attendant.
per Elias G Price

Address 262 Mead Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34200

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Clay Price

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 27 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 116 Pearl St.

Cause of Death {First, (Primary,) Pulmonary Consumption

Second, (Immediate.)

Duration of last Sickness, 2 years

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, August 11th 1879

Undertaker, Wm S Weaver

Place of Business, No 202 N. Eutaw St

J. H. Miller, M. D.
Medical Attendant.

Address, 89 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward H Hays

Sex, Male or Female, {cross out the word not required in this line.} .....

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, Aug 11 th ..... *M. D.*

Medical Attendant.

Undertaker, Fred Gaede

Place of Business, 16 21 E. Lombard *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 9 1878. 9:30 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael A. Hakens

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 17 Allens Alley

Cause of Death { First, (Primary,) Second, (Immediate,) Cholera Infantum

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, August 10

Undertaker, A. Wyman

Place of Business, 13 Saratoga St.

A. Hergshertzer M. D.
Medical Attendant.

Address, 11 S. 14th St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, August 9. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Ferrell

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 650 Light St

Cause of Death First, (Primary.) Hypertrophy of the Heart

Second, (Immediate,) Congestion of the Lungs

Duration of last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery.

Date of Burial, August 12th

Theodore Cook *M. D.*
Medical Attendant.

Undertaker, D. Hart

Place of Business, 411 Lexington St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34204

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonia Novacek

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 16 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 15 Bangor st

Cause of Death { First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, August 11th 1879

{ *Undertaker,* Adam Eink

{ *Place of Business,* 461 N. Gay st *Address,* Broadway & Fredrick st

Wm. L. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 2 0 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 10 " 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Seemer

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 303 Penn.a Ave

Cause of Death First, (Primary,) Scarletina

Second, (Immediate,) Chol. Infantum

Duration of last Sickness, Two Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Augt 11 " 1879

Undertaker, John E. Mouche

Place of Business, 319 ½ Penn.a Ave *Address,*

James Stuart M. D.
~~Medical Attendant.~~

Comm.r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Breitenberger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* 1 *Months,* 3 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carlisle Pa

Duration of Residence in the City of Baltimore, about 60 years

Place of Death, {Give street and number.} Balto City Pennsylvania Hospital

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Heart disease

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 13 1879

Undertaker, P Kennedy

Place of Business, Hudlee St *Address* No 134 Hanover

Jno S. Sellers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura A. Myers

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 39 *Years,* 4 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 161 St Paul St

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) " " "

Duration of last Sickness, About 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Aug 12 1879

Date of Burial, Green Mt Cemetery

Jos. Lloyd Martin M. D.
Medical Attendant.

Undertaker, W. H. Dwyer

Place of Business, 12 W. Balto St *Address,* 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jessie Bardy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* 13 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 139 E Madison st

Cause of Death, {First (Primary,) Congestion of Stomach

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetary

Date of Burial, August 11th 1879

{*Undertaker,* Wm H. Hickman *Address*

{*Place of Business,* 234 N Gay St.

Edward Eutledge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 10th - 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clay. Seabrook

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 118 Leadenhall Str.

Cause of Death { First, (Primary,) Congestion of Brain
Second, (Immediate,) ...

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 11 1879

Undertaker, Julius Koehler

Place of Business, Cross St

Livingston M. D.
Medical Attendant.

Address, 321 Ley Lib

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...prescription of Physician, as required by Law, to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10 Aug 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Carter Reid

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Thirty-three *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Petersburg Va

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number} ~~94~~ N. Carey St

Cause of Death, First, (Primary,) Cardiac Asthenia

Second, (Immediate,) Exhaustion & pneumonia

Duration of last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Petersburg Va

Date of Burial, August 11th 1879

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light st

Jno. Quinan M. D.
Medical Attendant.

Address, 68 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special by Dr. Davis Co. of Nov. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L. Hillinger

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 34 *Years,* 10 *Months,* 2 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 3 Columbia Ave

Cause of Death, First, (Primary,) Organic disease of Liver

Second, (Immediate,) from Alcoholic Stimulation

Duration of last Sickness, Have Knowledge only during the last 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Aug. 12, 1879

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

I Heuisler M. D.
Medical Attendant.

Address, 76 Wash Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3/212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 9th 1879 - 11 30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward V. Loran

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 14 *Years,* 7 *Months,* 8 *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Messenger

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 125 South High St.

Cause of Death First, (Primary.) Accidentally caught between two cars, while at play

Second, (Immediate.) by the P. W. & B. R.R. crushing hips &c

Duration of last Sickness, 5 1/2 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug. 11. 1879

Undertaker, H. A. Dauger

Place of Business, 74 S. Broadway *Address,*

Papa, Shertzer, V Arnold *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 6 2 1 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 10th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Matilda Fields

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 30 *Years,* 5 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 318 Eastern Ave

Cause of Death, First, (Primary.) Puerperal Convulsions

Second, (Immediate,)

Duration of last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 12th 1879

Undertaker, P. F. Frey

Place of Business, 91 Eastern Ave

David A. Shaw M. D.
Medical Attendant.

Address, 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 7th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Henry Nelson

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~

Age, 2 *Years,* 2 *Months,* *Days.*

Color, Col *Sex.* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 294 S Eutaw St

Duration of Residence in the City of Baltimore, Living Life

Place of Death, { Give street and number. } No 386 Eutaw St

Cause of Death, { First (Primary,) / Second (Immediate,) } Convulsions

Duration of Last Sickness, During Life

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Aug 21st 1879

Undertaker, J. H. Chase

Place of Business, 69 S. Howard St

J J Shultz M. D.
Medical Attendant.

Address 260 S. Eutaw St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 11
1879
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, August 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Emory Lambert

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 158 Battery Avenue

Cause of Death, First, (Primary.) Enteric Colitis

Second, (Immediate,) Spinal meningitis

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Aug 12th 1879

Undertaker, Armstrong & Drury

Place of Business Cor Light & Montgomery

D. T. Stanington M. D.
Medical Attendant.

Address, 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~X~~ 32216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 10, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann Hänel

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 71 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Johnsberg Germany

Duration of Residence in the City of Baltimore, 43 Years.

Place of Death, {Give street and number.} S. Carolin Strat. 164.

Cause of Death, First (Primary,) Hydrophobia

Second (Immediate,) Retentio urinae

Duration of Last Sickness, 12 Days.

All the above information should be furnished by the Physician.

Place of Burial, M. Hydraulic Cemt.

Date of Burial, Augt. 12th

Undertaker, F. Diffel

Place of Business, S. Bond st. 151 *Address*

Ernst Hänel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 10

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Will

Sex, Male or Female, {cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} 76 Penn Ave

Cause of Death, First, (Primary.) old age

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn Cemetery.

Date of Burial, 12 August 01. S T Knight M. D.

Medical Attendant.

Undertaker, C. Hensel

Place of Business, 48. Penn Ave Address.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11 - 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lelia Davenport Ferris

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 25 *Years,* ... *Months,* ... *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number} 145 Fulton Ave.

Cause of Death First, (Primary.) Consumption of Lungs

Second, (Immediate,) Asthenia

Duration of last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Greenwich Conn

Date of Burial, August 12th 1879

Undertaker, Denny & Mitchell

Place of Business, 55 & 57 Fayette St *Address,* 76 Edmondson Ave.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1499 Hanover

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 10 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles M. Young

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* ——— *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 199 Preston St

Cause of Death { First, (Primary,) Second, (Immediate,) } Cholera Infantum

Duration of last Sickness, 10 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 11 1879

Undertaker, C. M. Dungan

Place of Business, East St

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenmaw. Deputy

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th Augt 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christine Gorman

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 68 *Years,* 3 *Months,* *Days.*

Color, W

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Penn

Duration of Residence in the City of Baltimore, 5-8423

Place of Death, {Give street and number} No 36 Fredrick Ave

Cause of Death First, (Primary.) Supposed Death Disease

Second, (Immediate,)

Duration of last Sickness, 10 Minutes

All the above information should be furnished by the Physician.

Place of Burial, St Patrick, Cemetery

Date of Burial, Aug 12th 1879

Undertaker, H B Cook

Place of Business, No 707 W Baltimore Street

Geo H Caplan *M. D.*
Medical Attendant.

Address, 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No 34221

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34221

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...r, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

... of Death, 10th, August 1879

... Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Murray

... Male or ~~Female~~, {cross out the word not required in this line.}

..., 37 *Years,* ... *Months,* ... *Days.*

...or, Ir.

...rried, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

...cupation, Plumber

...rthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

...ration of Residence in the City of Baltimore, 25 yrs

...ace of Death, {Give street and number} 194 Montgomery

...use of Death, First, (Primary,) Pericarditis

Second, (Immediate,)

...ration of last Sickness, 4 months

All the above information should be furnished by the Physician.

...ace of Burial, Old Cathedral Cem.

...te of Burial, Aug 11th 1879

Undertaker, Armstrong & Young

Place of Business, 268 High St

J. W. Webster M. D.
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-... forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-...deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DOLANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A. Craig

Sex, Male or Female, {cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color,

Married, Single, ~~Widow or Widower~~, widow {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 54 yrs.

Place of Death, {Give street and number} 5 Vinas St.

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) Gastro-enteritis

Duration of last Sickness, 6 wk.

All the above information should be furnished by the Physician.

Place of Burial, Union Cemetery

Date of Burial, Aug 13 79

Undertaker, Kirkbride & Denny

Place of Business, 1220 E. Pratt

R. L. Pelle M. D.
Medical Attendant.

Address, 325 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie G. Owens

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, — *Years,* 6 *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 6 mo & 7 days

Place of Death, {Give street and number.} 142 William St.

Cause of Death, First (Primary,) Teething

Second (Immediate,) Spasms

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Aug 13 79

Undertaker, Aulbach & Owens

Place of Business, No 163 Light St

R. E. Lee M. D.
Medical Attendant.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ondia Nelson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* 26 *Days.*

~~Color~~,

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 9 E. Biddle St.

Cause of Death, First, (Primary,) Cerebral Meningitis

Second, (Immediate,)

Duration of last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Aug. 12th 1879

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* 311 E. Broadway

Wm. Fink M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(07...)

Special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug-9-79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Emily Bevans

Sex, Male or Female, {cross out the word not required in this line.} female

Age, ____ *Years,* ____ 3 *Months,* ____ 3 *Days.*

Color, black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 18 Smith's Court

Cause of Death, First, (Primary.) Cholera infantum

Second, (Immediate,)

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Aug. 12th 1879

Undertaker, [illegible] Peck

Place of Business, [illegible]

P. G. Dausch M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 2 2 6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11 August 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delia Meads

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, Colard

Married, Single, Widow or Widower, {Cross out the words not required in this line}

Occupation, † Non

Birthplace, {State or country (and how long in United States, if of foreign birth.)} No 28 Dallis st

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 28 ½ Dallis st

Cause of Death, { First (Primary,) Summar Complent

Second (Immediate,) .....

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Aug 12th 1879

Undertaker. Smith & Fooks

Place of Business, 18 Jefferson st

Hubert M. D.

Medical Attendant.

Address, No 36 Davis st Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard Thomas

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 24 New Church St

Cause of Death First, (Primary.) Destitution

Second, (Immediate,) Dysentery

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, Augt. 12 1879

Undertaker, David Chase

Place of Business, Howard St

James H Steuart M.D.
~~Medical Attendant~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd E. Wenman

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34 328

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto S. Pietsch

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} East City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 133 Hanover St

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Marasmus

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Aug 13th

Undertaker, F. W. Tull

Place of Business, 131 Hanover St.

A. Lytle M. D.
Medical Attendant.

Address, Holmes Steam Pt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ut, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Jemison

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, W.

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 143 N. Bond St.

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) Asthenia

Duration of last Sickness, 2 years

All the above Information should be furnished by the Physician.

Place of Burial, Havredegrace Md

Date of Burial, Aug 12/79

{ *Undertaker,* Fry & Son
{ *Place of Business,* 534 Broadway

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles G. Haas

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 21 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 280 Montgomery St

Cause of Death { First, (Primary,) Dentition
Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 13 1879

Undertaker, Jas. L. Poe Jr.

Place of Business, Hanover & Lombard Sts

G. K. Wiley *M. D.*
Medical Attendant.

Address, 58 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 10 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Snyder

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 179 Lee Street

Cause of Death, { First, (Primary,) Hydrocephalus / Second, (Immediate,) ____

Duration of last Sickness, Five hours

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Aug 12th 79

Undertaker, M. Thomas

Place of Business, 220 Canton Ave

____ *M. D.*
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 2 3 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 11th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Cibicki

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 1 hour *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} #302 Alice Anna St

Cause of Death, First, (Primary,) Unknown

Second, (Immediate,)

Duration of last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, Aug 12th 79

Undertaker, W. Evans

Place of Business, 220 East St

John H. Kelberger M. D.
Medical Attendant.

Address, #243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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KODAK SAFETY

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34233

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 10/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Carroll

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 18 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Can maker.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} E. B. Durham alley

Cause of Death {First, (Primary,) Scrofula.
Second, (Immediate,)

Duration of last Sickness, 5 months

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial. Aug. 12. 1879

Undertaker, M. A. Dauer

Place of Business, 74 S. Broadway

Edward J. Widdowes M. D.
Medical Attendant.

Address, 157 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerome Hall

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~~ *Years,* 1 *Months,* ~~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 8. New Street

Cause of Death { First, (Primary,) Mal Nutrition 3 Months
Second, (Immediate,) Marasmus

Duration of last Sickness, acute Life

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 12th 1879

Undertaker, W. W. Madden

Place of Business,

James H Lewis M. D.
~~Medical Attendant.~~

Address, Comm of Health & Hospitals

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Augt 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary J Burke

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 85 *Years,* —— *Months,* —— *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 23 years

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number} 56 N. Amity St

Cause of Death {First, (Primary,) Senile decay
Second, (Immediate,)

Duration of last Sickness, about one year in failing health

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Augt 13th 1879

Undertaker, I. B. Cook

Place of Business, 707 W. Baltimore St

James H Steuart M. D.
~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo L Sanford

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 2 yrs & mos.

Place of Death, {Give street and number} 67 S Conk Le

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) 11 Days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Aug 13 1879

Undertaker, W M Cook

Place of Business, 1207 W Baltimore street

H A P Fiss M. D.
Medical Attendant.

Address, 374 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Finch

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 26 New Church St

Cause of Death {First, (Primary,) Dysentery

{Second, (Immediate,) Convulsions

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, Augt 12 1879

Undertaker, Wm Jas Gray

Place of Business, Mulberry St

James A Lewis M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Examd by E. Wenman

[OVER.]

...Board of Health, City of Baltimore.

Permit No. 34238

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. H. Young

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* One *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 6 Stockholm St

Cause of Death, First (Primary.) Dysentery

Second (Immediate.) Acute Meningitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Bolt Cemetery

Date of Burial, Augt 13th 1879

Undertaker, A. Hartz

Place of Business, Light St

I. C. Burch *M. D.*
Medical Attendant.

Address 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 24239

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 12. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis William Gordon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 17 *Years,* 3 *Months,* 8 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} New Orleans La.

Duration of Residence in the City of Baltimore, 17 years.

Place of Death, {Give street and number.} S. W. Corner of Pratt & Wolf Sts.

Cause of Death, {First (Primary,) / Second (Immediate,)} Epilepsy

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist Ground Philada

Date of Burial, Aug 13, 1879

Undertaker, Thos. J. Murphy

Place of Business, 106 Baltimore St & 238 Madison Ave

Jno. F. Lovell M. D.
Medical Attendant.

Address 227 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pauline Wood Ross

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 27 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 263 McCulloh St.

Cause of Death, {First (Primary,) / Second (Immediate.)} Gastric Fever.

Duration of Last Sickness, Ten Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 13 1879

A. F. Bliss *M. D.*
Medical Attendant.

Undertaker, Thos S Hughes

Place of Business, 60 E. Balto St *Address* 306 Madison Ave

4238 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie E. Rue

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 11 Dugdale St

Cause of Death First, (Primary.) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Aug. 14. 1879

Undertaker, Walter Immel

Place of Business, 252 W. Pidd[illegible] *Address,* [illegible]

J. L. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marianna Berryman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, Col

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Chesterlown Md

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number} 12 Sarah Ann

Cause of Death {First, (Primary.) dont Know, was not called to see her until 30 hours before she died, Second, (Immediate,) she was then unconscious – She was attended by another}

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 12 1879

Undertaker, Mathew Cadogan

Place of Business, 227 Lanvale St

P. Winslow M. D.
Medical Attendant.

Address, 201 Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ease, see List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 12th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jack Davis

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* 2 *Months,* 8 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No 6 Hollins All

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Diphtheria

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Aug 13 1879

Undertaker, H. Eckhardt

Place of Business, No 198 Pratt St

Jno D Blake M. D.
Medical Attendant.

Address, 133 Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 2 4 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Collins

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, One *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States. If of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 71 Hargrove alley

Cause of Death { First, (Primary,) Teething
Second, (Immediate,) Diarrhoea

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem'y

Date of Burial, Aug 13 1879

Undertaker, Saml W. Chase

Place of Business, S. Howard St

James H Steuart M. D.

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13 - 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte C. Berrecloth

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 297 Mosher St.

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, August 14th 1879

Undertaker, Andrews & Hodges

Place of Business, 164 & 6 Druid Hill Ave

J. H. Miller M. D.
Medical Attendant.

Address, 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick M.c Govern

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} County Mayo (Ireland)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor. of John and Valley Sts. Dimpora

Cause of Death { First, (Primary,) ~~~ / Second, (Immediate,) General Debility

Duration of last Sickness, two Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, August 14th 1879

Undertaker, Henry Scheilkeis

Place of Business, *Address,*

J. H. Warner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Emma Ains

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 172 Elliott St-

Cause of Death, First (Primary,) Teething

Second (Immediate,) Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis Cemty

Date of Burial, August 14th 1879

Undertaker, J. G. Frechlich

Place of Business, 246 Eastern Av

J. H. Martin M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Numbers below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 2 4 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 13 1879 BALTIMORE

Date of Death, Aug. 12. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. E. Bautaw,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} 2

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 116 N. Eutaw

Cause of Death First, (Primary,) Congestion

Second, (Immediate,) Cholera Infantum

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Lawn

Date of Burial, Aug 13th 1879

Undertaker, Wm. J. Pratt

Place of Business, 73 Jefferson

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. Md. Ave. 25

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julia Frobel

Sex, Male or Female, { cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 612 Light

Cause of Death { First, (Primary.) Spasm Sec

Second, (Immediate,) Infantile Bowels

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ball. Cemetery

Date of Burial, Aug 13 1879

Undertaker, B Bladel

Place of Business, Light St

Thurlow Levis M. D.
Medical Attendant.

Address, Mt Vernon Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 2 8 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ethel Gibbons Leitch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 9 Harlem avenue (Baltimore)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 9 Harlem avenue

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Gastric Hemorrhage

Duration of Last Sickness, Born at 8 months Mr. Leitch weighed 5 lbs. nurses breast.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, August 13th 1879

Undertaker, John A. Weaver

Place of Business, #22 W. Fayette St *Address*

J. E. Gibbons *M. D.*
Medical Attendant.

47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34251

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 12th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Alexander Bruce

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, *Years,* 6 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Belair Road near Schentzen Park

Cause of Death { First, (Primary,) Erisipelas Convulsions
Second, (Immediate,) About 24 hours.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, August 13 /79

Undertaker, Wendel Deppel

Place of Business, 1510 Bond St

Wm Whitridge *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 13 1879 BALTIMORE

Date of Death, August 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Duley

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 535 W. Lombard St.

Cause of Death { First, (Primary.) Marasmus
Second, (Immediate,) .....

Duration of last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Aug 13th 1879

Undertaker, H B Cook

Place of Business, No 707 W Baltimore street

John Beck M. D.
Medical Attendant.

Address, 558 W Lafayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 2 5 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ... George H Dingey .....

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ..... Aug 12th 1879 .....

Sex, Male or ~~Female~~, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... 1 *Months,* ..... *Days.*

Color, ... White .....

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } ..... Ireland .....

Duration of Residence in the City of Baltimore, ... 1 Month .....

Place of Death, { Give street and number } ..... 757 W Lombard st .....

Cause of Death { First, (Primary.) ..... Cholera Infantum .....
{ Second, (Immediate,) .....

Duration of last Sickness, ... 4 day .....

All the above information should be furnished by the Physician.

Place of Burial Western cemetery

Date of Burial, Aug 13th 1879

Undertaker, J B Cook

Place of Business, 1670 W Baltimore Street

Saml Entwisle M. D.
Medical Attendant.

Address, 782 W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34,257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 13th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. F. Seebo

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 292 E. Pratt St.

Cause of Death, First, (Primary.) No apparent local cause

Second, (Immediate.) Scarlet Fever.

Duration of last Sickness, 17 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, Aug. 14th 1879

Undertaker, Geo. Koehler

Place of Business, Sharp & Pratt sts

R. J. H. Lall M. D.
Medical Attendant.

Address, 152 Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DOLANY & CO. CITY PRINTERS AND STATIONERS.

...Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34255

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Kern

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 11 *Years,* 1 *Months,* 9 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Cash schools

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give street and number } No 240 Eutaw St.

Cause of Death, First, (Primary.) Apoplexy Congestive

Second, (Immediate,)

Duration of last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 15th

Undertaker, Henry Burch

Place of Business, Henrietta St 81

C. F. Buddenhorn M. D.
Medical Attendant.

Address, 166 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th August 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Lee

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* ——— *Months,* ——— *Days.*

Color, White ~~Sex.~~

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 253 Mulberry St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis
Second (Immediate,)

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery H. W. Dingo M. D.
Medical Attendant.

Date of Burial, Aug 14th 1879

Undertaker, P. Kinnear

Place of Business, 311 Mulberry St. Address 274 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen R Fuller

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, W

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number} N 154 Lanvale

Cause of Death, First, (Primary.)

Second, (Immediate,) Consumption

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, August 14th 1879

C H Button M. D.
Medical Attendant.

Undertaker, Wm Shearer

Place of Business, 10 E Lombard

Address, 25 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 12 / 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Coyne

Sex, Male or Female, {cross out the word not required in this line.} female

Age, ... *Years,* 1 ... *Months,* 10 ... *Days.* 8

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 79 Cockeys ct

Cause of Death { First, (Primary,) Cholera infantum

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Aug 13 1879

Pierre Geo Dausch M.D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Caroline St *Address,* 27 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Charles Fitzo (Parents

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* ½ hour ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 202 E. Charles St.

Cause of Death {First, (Primary,) Premature Birth

{Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Augt 13th 1879

Undertaker, C. F. Krause

Place of Business,

James H. Lemmon M. D.
Attending Physician.

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by E. Wiemann

[OVER.]

...is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Britting

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} S. W. Cor. Alicéanna & Regester St.

Cause of Death, First, (Primary,) Difficult Dentition

Second, (Immediate,) accompanied by Cholera Infantum.

Duration of last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Michael Cemetery

Date of Burial, 14 August 1879

Undertaker, John C. Schuck

Place of Business, 265 Aliceanna

John H. Rehberger M. D.
Medical Attendant.

Address, # 243 Alicea Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-...n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DUFLANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Freeman Smith

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.} Male

Age, 1 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Had not any

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 37 Forest St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 37 Forest St

Cause of Death, {First (Primary,) Congestion of Brain

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 hrs 45'

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 13th 1879

{*Undertaker,* Wm. N. Dingell

Place of Business, No 62 East St

Dr. L. S. Grayson M.D.
Medical Attendant.

Address, 18 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34,262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fleetwood C. Koontz

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, One *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation, /

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 184 S. Ayrs St

Cause of Death First, (Primary,) Teething

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, Aug 13. 1879

Undertaker, H. Trowbridge

Place of Business, Canton ave

James A Steuart M. D.
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenmann

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Joseph Lyons

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* 10 *Months,* 21 *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery.

Date of Burial, August 13 1879

Undertaker, James A. Byrne

Place of Business, nº 63 n/ Front St

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, aug 12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Myers

Sex, Male or Female, {cross out the word not required in this line.}

Age, 60 *Years,* ..... *Months,* ..... *Days.*

Color, C

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, waiter

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 21 & State

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Consumption

Duration of last Sickness, 1 yr 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 14th 1879

Undertaker, Wm J Gray

Place of Business, 65 mulberry st

J H Hallman M. D.
Medical Attendant.

Address, 73 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Losie Warren

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, About 25 *Years,* — *Months,* — *Days.*

Color, Black

Married, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Organist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Chicago Ill

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and number} 343 North Howard St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 15th 1879

Undertaker, Wm F. Gray

Place of Business, 63 Mullen's St

J. Singling M. D.
Medical Attendant.

Address, 63 George St Balto

HEALTH DEPARTMENT AUG 13 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug - 12 - 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Nelson Johnson

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~

Age, 6 *Years,* 4 *Months,* 3 *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 30 Stockton Alley

Cause of Death { First, (Primary,) Meningitis
Second, (Immediate,) 3 weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Aug 13th 1879

Undertaker, Wm J Gray

Place of Business, 66 Mulberry

Wm A P Sellman M. D.
Medical Attendant.

Address, 249 Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ysician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per l the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ITY PRINTERS AND STATIONERS.

...of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 2 6 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Moore

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, ~~Due week~~ always

Place of Death, {Give street and number.} No 31 N. Dallas st

Cause of Death, First (Primary,) Congested Chill Intermittent fever

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, H. Martins Cem

Date of Burial, August 14th 1879

Undertaker, H. Hasemeier

Place of Business, 63 N. Eden st

John H. Conner M. D.
Medical Attendant.

Address 14 Asquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1881 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 13th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hercher

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 19 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City all his life

Duration of Residence in the City of Baltimore, Md. Penitentiary

Place of Death, {Give street and number.}

Cause of Death, {First (Primary.) Phthisis

Second (Immediate.)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 14/79

Undertaker, Andrews & Hodges

Place of Business, No 456 Druid Hill Avenue

Jno. Brooke Boyle M.D.
Medical Attendant.

Address, 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William G. Gardner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Brick Mason, but recently insurance agent or Broker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 301 W Lombard st

Cause of Death, First (Primary,) Wound on back of head

Second (Immediate,) Concussion of brain

Duration of Last Sickness, 10 or 12 days

All the above information should be furnished by the Physician.

Place of Burial, Friends Ground

Date of Burial, Aug 14th 1879

Undertaker, D. F. Ryder

Place of Business, 12 W Balto st Address 289 W Fayette st

E Gover, Cox M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Linda Howard,

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 57 *Years,* *Months,* *Days*

Color, Black.

~~*Married, Single,*~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Worcester Co. Md.

Duration of Residence in the City of Baltimore, 4 Years.

Place of Death, {Give street and number.} 64 St Paul St.

Cause of Death, {First (Primary,) Carcinoma Uteri. Second (Immediate,) (Cachexia & Anasarca)}

Duration of Last Sickness, 2 Years.

All the above information should be furnished by the Physician.

Place of Burial, Berlin, Worcester Co Md

Date of Burial, ✓

Undertaker, Hudson Kiss & Son

Place of Business, * 16 Light St

Thos. J. Kirby M.D.
Medical Attendant.

Address, City.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.]

Transit Permit No 1501

No. 3427

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 12. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nora Meads

Sex, ~~Male~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Nursery & Childs' Hospital

Cause of Death, First, (Primary,) Chronic Atrophy

Second, (Immediate,) Asthenia V

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Fowden Park

Date of Burial, Aug 13

Undertaker, C H Blizzard

Place of Business, 201 Penn ave

J E Atkinson M. D.
Medical Attendant.

Address, 223 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert.

Board of Health, City of Baltimore,

Permit No. 31272

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 2 1/2 *Days.* 14

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, In Institution 3 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Child was much emaciated - had been drugged with Opium

Second, (Immediate,)

Duration of last Sickness, Dying when received

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Aug 14: 1879

Undertaker, Saml Brown

Place of Business, 16 Division St.

Martin Brewer M. D.
Medical Attendant.

Address, 68 W Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 34273 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 11 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis J. Hahn

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 339 Light St

Cause of Death First, (Primary,) Necrosis of the Spine

Second, (Immediate,) Convulsions

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Aug 13th 1879

Undertaker, J. Hockley

Place of Business, Corner Light & Conway Address,

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 34274

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Eberhardt.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* Eight *Months,* ____ *Days.*

Color, White.

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number} 134 South

Cause of Death, {First, (Primary,) ____ Second, (Immediate,) Convulsions

Duration of last Sickness, Six hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 15th

Undertaker, Geo Schilling

Place of Business, ____

____ *M. D.*
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 34275

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 12, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Campbell

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ ~~Female~~

Age, 35 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about ten years

Place of Death, {Give street and number.} 344 Harford avenue

Cause of Death, First (Primary,) Crushed by mass of earth.
Second (Immediate,) Internal injury. (Cachexia)

Duration of Last Sickness, But 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Cross Ch

Date of Burial, August 14th 1879

Aug. A. Edwell M. D.
Medical Attendant.

Undertaker, Henry Hook

Place of Business, 369 N. Central Ave *Address* 349 Harford avenue

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 34276

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Kolb

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Two (2) *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~ " ~

Occupation, ~ " ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 29 N. Canal St.

Cause of Death { First, (Primary,) Gastro Enteritis
, Second, (Immediate,) Eclampsia

Duration of last Sickness, Ten (10) Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, August 14 1879

{ *Undertaker,* Henry Hoch
Place of Business, 3 Bethel Alley

T. O'Sullivan M. D.
Medical Attendant.

Address, 60 Eager Cor Lin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 34277

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Reuben Mills

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Three (3) *Years,* Four (4) *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~

Occupation, ~~None~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 235 N Caroline St

Cause of Death { First, (Primary,) Dysentery

, { Second, (Immediate,) .....

Duration of last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, August 15, 1879

Undertaker, Henry Heath

Place of Business, 27 Central Ave

Wm. Silver M. D.
Medical Attendant.

Address, 1 E Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 34278 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 13, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Earl Adams

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* ..... *Months,* 22 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Nr

Birthplace, {State or country and how long in United States, if of foreign birth.} 259 Hollins st

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 259 Hollins st

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 14

Undertaker, J B Cook

Place of Business, 707 W st Baltimore

John Wood M.D.
Medical Attendant.

Address, 2 N. Carey st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness is requested to fill out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death sooner if requested so to do, under penalty of law. #34279

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. AUG 14 1879 BALTIMORE

Date of Death, 13th Aug 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Raf[illegible]

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 24 Clement St. L. Point

Cause of Death, {First (Primary,)} Consestive Chill

{Second (Immediate,)} Congeshon Lungs

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Aug. 14. 1879

E W. Janney. M. D.
Medical Attendant.

Undertaker, M. A. Dwyer

Place of Business, 94 S. Broadway *Address* Boston & Eastern Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 3-4280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 14 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Aug. 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Fannie Jackson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 8 Eden St. C.A. near Monument St.

Cause of Death, First, (Primary) Convulsions

Second, (Immediate,)

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem'y

Date of Burial, Aug 14th 1879

E. B. Fenby M. D.
Medical Attendant.

Undertaker, P. Trueblood

Place of Business, Cambridge Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ion of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

Permit No. 34281

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 14-1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Elizabeth Hauth

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 162 Madison th

Cause of Death {First, (Primary,) Carcinoma uteri
Second, (Immediate,) Marasmus.

Duration of last Sickness, 1 yr.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Aug 16th

Undertaker, George Schilling

Place of Business, Ashland & Lyman *Address,* 245 E. Baltimore

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32282 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13/79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Lucy

Sex, Male or ~~Female,~~ { cross out the word not required in this line. }

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and number } 190 N. Front st

Cause of Death { First, (Primary,) Phthisis
, { Second, (Immediate,)

Duration of last Sickness, 9 months

All the above Information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, August 14 1879

Undertaker, Jas P Byrne

Place of Business, 63 Front st

Edward J Prudente M. D.
Medical Attendant.

Address, 177 N. Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases

Board of Health, City of Baltimore,

Permit No. 34283

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 13th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katharine Selig

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 40 *Years,* 7 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, {Give street and number} # 155 S. Choptank St

Cause of Death, First, (Primary.) Valvular disease of the heart

Second, (Immediate,) followed by anasarca.

Duration of last Sickness, About 8 months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, August 14th 1879

Undertaker, Peter Frey

Place of Business, 91 Exeter St

John H. Rehberger M. D.
Medical Attendant.

Address, # 243 Aliciana St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

Permit No. 31284 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th August

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Catharine Wilson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 5 *Months,* 2 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 73 Bath St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 73 Bath St

Cause of Death, { First (Primary,) Second (Immediate,) } Catarrh fever

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, Aug 14 1879

P. T. Bunce M. D.
Medical Attendant.

{ *Undertaker,* William Abonge
{ *Place of Business,* No 62 East Street *Address* 187 William St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

...tion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases o...

Board of Health, City of Baltimore,

Permit No: 24285

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Seitz

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 6 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} # 241 S. Bethel St.

Cause of Death, First, (Primary,) Internal Convulsions

Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 15th 1879

Undertaker, Leonhard Wurr

Place of Business, S. Bond Street No 255

John H. Rehberger M. D.
Medical Attendant.

Address, # 243 Aliceanna St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...on of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 34286

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Layton

Sex, Male or Female, {cross out the word not required in this line.}

Age, 30 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 yr

Place of Death, {Give street and number} 293 Light st

Cause of Death, First, (Primary,) — Typhoid Fever —

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Wilmington Delaware

Date of Burial, Aug 14 79

Undertaker, Emanuel Deane

Place of Business, 263 Pratt

H. M. Webster M. D.
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ... the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...thin forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set... ...far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per... ..., and the cause and date of death, except in cases of births and deaths of illegitimate children.

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...oard of Health, City of Baltimor...

OFFICE OF REGISTRAR OF VITAL STATI...

...t No. 3 4 2 8 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f...* ...ut*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... ...ooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adam Schipley

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cem'y

Date of Burial, Aug 15th 1879 ..... *M. D.*

Medical Attendant.

Undertaker, H Venus Sander

Place of Business, 262 Main St *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...ing forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per...on deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 31288

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~[illegible]~~ Aug 13th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Feeney

Sex, Male or Female, {cross out the word not required in this line.} —

Age, 18 *Years,* 11 *Months,* 27 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Accomac Co Virginia

Duration of Residence in the City of Baltimore, One year & 7 mo prior

Place of Death, {Give street and number} 4 98 Welcome Alley

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) do

Duration of last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 14

D. A. Bell M. D.
Medical Attendant.

Undertaker, Leonard & Foos

Place of Business, 95 County St *Address,* 161 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children."

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 34289

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 13th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Illes

Sex, Male or Female, { cross out the word not required in this line. } male

Age, 58 *Years,* 9 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, { Give street and number } 61 S. Chapel st.

Cause of Death { First, (Primary.) Cancer of Stomach

{ Second, (Immediate,)

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, N. Athenaeum Cem.

Date of Burial, Sept 14th

Undertaker, N. Siffert

Place of Business, S. Bond st. 15

Dr Geo. Dauson M.D.
Medical Attendant.

Address, 27 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 3 1 2 9 0

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 12th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Davis

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, about ~~23~~ 43 *Years,* — 6 *Months,* — 8 *Days.*

Color, Black

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, 2~~3~~ Years

Place of Death, {Give street and number} 88 Orchard Pl

Cause of Death, First, (Primary.)

Second, (Immediate,) Phthisis Pulmonalis.

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Aug 14 1879

Undertaker, John C Davidson

Place of Business, 63 Park Ave

J. Yingling M. D.
Medical Attendant.

Address, 63 George Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o[illegible]

Board of Health, City of Baltimore,

Permit No. 34291

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 11 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Wolf

Sex, Male or Female, { cross out the word not required in this line. } [illegible]

Age, 10 *Years,* [illegible] *Months,* [illegible] *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } [illegible]

Occupation, [illegible]

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany 7 y

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give street and number } 362 Shroll

Cause of Death, { First, (Primary.) Cholera Infantum

Second, (Immediate,) Collapse

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Tue 16th 1879

Undertaker, Julius Koehler

Place of Business, Harper Cross St. *Address,* [illegible]

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible], J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimor

Permit No. 34292

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 15 1879

CERTIFICATE OF DEATH.

Date of Death, Aug 14 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella C. Fawcett

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 2 *Years,* 2 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ~~———~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Parkton Md

Duration of Residence in the City of Baltimore, 14 month

Place of Death, { Give street and number } 65 Columbia ave

Cause of Death { First, (Primary,) Meningitis Spinal
Second, (Immediate,) 13 day

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, August 15th

Geo. H. Benson M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business 234 N Gay St, *Address,* 144 Hanover st City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians [illegible]

Board of Health, City of Baltimore,

Permit No. 34293

OFFICE OF REGISTRAR OF VITAL STATIS[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f[illegible] out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 14, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. A. H. Obermuller

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 3 *Months,* ____ 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 905 N. Bond St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, August 15. 1879

Undertaker, Jean P. Poulus

Place of Business, 66 Fred. Avenue

James F. Bailey M. D.
Medical Attendant.

Address, 905 N. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians ...

Board of Health, City of Baltimore

Permit No. 34294

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED SEPARATE OFFICE AUG 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Clayton Arnold

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 10 *Years,* 7 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 208 E Eager St

Cause of Death { First, (Primary,) Scarlatina

Second, (Immediate,) Hemorrhage from ruption of a Glan= (Pharyngeal abscess

Duration of last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Road Balto Co

Date of Burial, August 15 1879

Undertaker, Henry Heck

Place of Business, 306 E Eager St & Address.

S W Slemm M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 34295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 12th 79 (Hollmeier)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Hollmeyer

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 yrs,

Place of Death, {Give street and number} 266 E. Eager N.

Cause of Death First, (Primary,) Consumption of Lungs.

Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, G. Alt Rosen Ch.

Date of Burial, August 16 1879

Undertaker, Henry Hoeck

Place of Business, 309 N. Central Address, 510 N. Columbus Ave.

John F. Clemmens M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 31296

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Löhr

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Four (4) *Years,* Four (4) *Months,* Twenty five (25) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} " " "

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 222 E Chas & street

Cause of Death {First, (Primary.) Scarlatina / Second, (Immediate,) Phreuitis

Duration of last Sickness, 26 hours.

All the above Information should be furnished by the Physician.

Place of Burial, St. Mathews

Date of Burial, August 15 1879

Undertaker, Henry Hecht

Place of Business, 324 E Baltimore

S W Selman M. D.
Medical Attendant.

Address, 222 E Chas street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL

Permit No. 34297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ac... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Brandy

Sex, Male or ~~Female~~, {cross out the word not required in this line.} ✓

Age, 05 Years, ____ Months, ____ Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} No 137 Camden St

Cause of Death, First, (Primary,) Chronic Alcoholism - Organic disease of liver -

Second, (Immediate,) Acute Mania - Suppression of Urine

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, August 18th 1879

Undertaker, Wm Thurner

Place of Business, No 150 Camden St

Thomas M. D.
Medical Attendant.

Address, 20 Place St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 34298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katrina Schupp

Sex, Male or Female, {cross out the word not required in this line.}

Age, 35 *Years,* 1 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number} 363 Orleans St.

Cause of Death First, (Primary,) Pernicious Remittant Fever

Second, (Immediate,)

Duration of last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 16.

Undertaker, John Herwig

Place of Business, 382 Orleans St *Address,* 357 Orleans St.

J. H. Collenberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 34299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 13th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Virginia Maxell

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ... *Years,* ... *Months,* Seven *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Nothing

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City Md.

Duration of Residence in the City of Baltimore, Continued

Place of Death, { Give street and number } No 288 S. Eutaw Street

Cause of Death { First, (Primary,) Hereditary Catarh / Second, (Immediate,) Cerebral congestion from Birth

Duration of last Sickness, From Birth

All the above information should be furnished by the Physician.

Place of Burial, Shaps M. Cemetery

Date of Burial, August 14

Undertaker, Owens White

Place of Business, 225 S. Eutaw

J. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL

Permit No. 34300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *a* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Essie Dickson

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ~~~ *Years,* 7 *Months,* ~~~ *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 18 Howe Street - between Penna & Lemon sts

Cause of Death {First, (Primary,)} Mal. Nutrition (artificial)

{Second, (Immediate,)} Diarrhoea (nursing)

Duration of last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Augt 15th 1879

Undertaker, F. A. Kerchner

Place of Business, Corner Carroll Ave & Address, Comm of Health & Registrar

John A Ulman M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]

Examd. E. Waumann.

Board of Health, City of Baltimor

Permit No. 3 4 / 3 0 1

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14/79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Schriefer

Sex, Male or Female, { cross out the word not required in this line. }

Age, 26 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } St Joseph's Hospital

Cause of Death { First, (Primary,) Tuberculosis
Second, (Immediate,) Exhaustion

Duration of last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, August 16 1879

Undertaker, Henry Stock

Place of Business, 307 Eutaw St *Address,*

O J Lohery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimo[illegible]

Permit No. 34302

OFFICE OF REGISTRAR OF VITAL ST[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Stansbery

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 21 George St

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug 16th 1879

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

S T Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 31303,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 14th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Leo. Robert Herget

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, *Years,* 1 *Months,* 4 *Days.* 19

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 353 Light St.

Cause of Death { First, (Primary,) Cholera Infantum, / Second, (Immediate,) Two weeks.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetry,

Date of Burial, Aug 16th 1879.

Undertaker, Armstrong & Denny,

Place of Business, Light & Montgomery 36

J. O. Harrington M. D.
Dr. R. J. N. Talbot Jr. Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Requested.

Board of Health, City of Baltimore

Permit No. 34304

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony Hasen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 93 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Sheet Ironer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Greece

Duration of Residence in the City of Baltimore, 3yrs —

Place of Death, {Give street and number} City Hospital

Cause of Death First, (Primary.) Chronic Bright's Disease (Fatty Kidney proved by post mortem)

Second, (Immediate,) by nerve

Duration of last Sickness, 6 mos (3)

All the above information should be furnished by the Physician.

Place of Burial, East Balto. Public Cemetery

Date of Burial, Aug 15th 1879

Undertaker, Pat Mullin

Place of Business, Cambridge St

David Streett M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 31305

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carolina Strahlan

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 46 *Years,* (about) ~~*Months,*~~ ~~*Days.*~~

~~*Color,*~~

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Household duties

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number} 94 S. Fulton St

Cause of Death, First, (Primary,) Carcinoma Uteri

Second, (Immediate,) Asthenia

Duration of last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 16 '79

Undertaker, J. J. Bond

Place of Business, 66 Pratt St

C. C. McDowell M. D.
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31306

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ac... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Heard Spurrier

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* 7 *Months,* 5 *Days.*

Color, white *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} Professional Co. N. Carlton ats

Cause of Death, {First (Primary,) Sick for several months

{Second (Immediate,) Fever Typhoides

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 16

A. Tinsley M. D.
Medical Attendant.

{*Undertaker,* C W Blizzard

{*Place of Business,* 207 Ren ave *Address* 386 Druid Hill Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 34307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry E. Morling

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 62 *Years,* 5 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Bank Watchman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent Co. England

Duration of Residence in the City of Baltimore, Fourteen years

Place of Death, {Give street and number} 439 Lexington St

Cause of Death First, (Primary,) Apoplexy. ~~Clot in brain~~

Second, (Immediate,) Paralysis, Acute Softening of Brain.

Duration of last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Aug 16

Undertaker, J B Corbin

Place of Business, 907 W Pratt

W Magruder M. D.
Medical Attendant.

Address, 1 Mt Lyder Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2 And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 34308

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th August 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas. B. Sargent D.D.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* 5. *Days.*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Clergyman.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and number.} 102. N. Bidde St. Baltim.

Cause of Death, First (Primary,) Atheromatous degeneration of Arteries

Second (Immediate,) Cerebral Hæmorrhage - causing Apoplexy.

Duration of Last Sickness, The Hæmorrhage occurred at 2 A.M. Death at 5 P.M. 14th Aug 1879 - 15 Hours. - about -

All the above information should be furnished by the Physician

Place of Burial, St Paul's Cem German + Fremont

Date of Burial, 16th Aug 1879

Undertaker, H.W. Jenkins & Son

Place of Business, * 16 Light St

Wm Chew Richardson M. D.
Medical Attendant.

Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

Permit No. 34309

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH AUG 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 13. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Gertrude Imhoff

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 3 N. Holliday

Cause of Death First, (Primary,) Typhoid Fever

Second, (Immediate,) Anemia

Duration of last Sickness, ~~3 weeks~~ Five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, August 17.

Undertaker, John Henning

Place of Business, 382 Orleans St.

G. G. Leek M. D.
Medical Attendant.

Address, Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set... ...ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per... ...n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DELANY, ... CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

Permit No. 34310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *a*... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 12 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Bauer

Sex, Male or Female, { cross out the word not required in this line. }

Age, 48 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Coachman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 46 Howard Lane

Cause of Death { First, (Primary,) { Second, (Immediate,) Phthisis

Duration of last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Shrub St. Cemetery

Date of Burial, Aug. 14th 1879

Undertaker, Wm H Bishop Jr.

Place of Business, 93 Druid Hill Ave *Address,* 46 Howard St.

Sheridan Cox M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 34311

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. Cashmyer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 24 *Years,* 5 *Months,* 24 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cigar-maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} cor Baltimore str & Central Av

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Aug. 17th

Undertaker, H. Dittel

Place of Business, 5 Broadway

John J. Litzer M. D.
Medical Attendant.

Address, 160 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 34312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Allen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 11 N Bethel St

Cause of Death First, (Primary,) Probably born at 7th month of Gestation

Second, (Immediate,) Emanation – Convulsions 24

Duration of last Sickness, From birth

All the above Information should be furnished by the Physician.

Place of Burial, Mt. St. Alphonsus Cem.

Date of Burial, Augt. 16

Undertaker, H. Siffel

Place of Business, 1 Bond st. 151

D W Cathell M. D.
Medical Attendant,

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 34313

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 16 1879 BALTIMORE

Date of Death, Aug 15. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Clarice

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 111 Pennsylvania Avenue

Cause of Death First, (Primary,) Cardiac disease

Second, (Immediate,) Anasarca, Ascites Hy Dropsy

Duration of last Sickness, Cardiac disease years - Dropsy about 4 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cath. Cy.

Date of Burial, Aug. 18/79.

Undertaker, Stuart Mason

Place of Business, 20. Park Av

Martin Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of

Permit No. 34314 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 15 '79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 7 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 38½ N. Amity

Cause of Death, {First (Primary,) Scarlatina Malyina. {Second (Immediate,) Dipthenia. Pyemia

Duration of Last Sickness, Total 14 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Aug 17

Undertaker, J B Cook

Place of Business, 707 W Pratt

Jno F Hilkafton M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL

Permit No. 3 of 3 15

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 15 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Hanson

Sex, ~~Male~~ *Female,* { cross out the word not required in this line. }

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Found dying

Duration of Residence in the City of Baltimore, 6 weeks as far as known

Place of Death, { Give street and number } Shields alley 1 door N. W. of Smith St

Cause of Death { First, (Primary.) mal Nutrition

Second, (Immediate,) Atrophy

Duration of last Sickness, Since found

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Aug 16 1879

Undertaker, F. A. Kreche

Place of Business, 8, Canalboro Ct

I Hereby Certify that I attended deceased from ... to ... that I last saw ... alive on ... and that death occurred at the time stated above. M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 34316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander McC. Rhea

Sex, Male or Female, {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Lawyer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} M. D.

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Fall, causing Severance of Spinal Cord
Second, (Immediate,) Asthenia

Duration of last Sickness, about 3 months

All the above Information should be furnished by the Physician.

Place of Burial, Massachusetts

Date of Burial,

Undertaker, Denny & Mitchell

Place of Business, 65 & Broadway

J. B. Bruce M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit Permit to 1903

The Special Attention of Physicians is Respectfully Invited to the Reverse [illegible]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STA[illegible]

Permit No. 34317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry C. Stallings

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~——~~ *Years,* ——— *Months,* / *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number} 253 Central Ave

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Asphyxia

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Aug. 16th 1879 | Silas N. Hunter M. D. Medical Attendant.

Undertaker, H. C. Nuidefeldt

Place of Business, 91 Greenmount Av | *Address,* 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under this notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

Permit No. 34318

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Rodgers

~~Sex,~~ *Male* ~~or Female,~~ {cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maine

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give street and number} Baltimore Infirmary

Cause of Death {First, (Primary.) Syphilis 3rd Stage / Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Aug 16, 1879

Undertaker, Fred A. Kershner

Place of Business, 50 S. Carrollton Ave

E. C. Rose M. D.
Medical Attendant.

Address, Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully invited to the Remarks below, [illegible]

Board of Health, City of Baltimor[illegible]

OFFICE OF REGISTRAR OF VITAL S[illegible]

Permit No. 34319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Card

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cart Driver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} St Joseph's Hospital

Cause of Death { First, (Primary,) Pneumonia, Typhoid fever
Second, (Immediate,) Perforation of bowels & peritonitis

Duration of last Sickness, about a month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 16

Undertaker, Edward Eckell

Place of Business, [illegible] Eutaw St *Address,*

O J Cortney M. D.
Medical Attendant.
per Ja Wanner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8320

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Shad

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, *Years,* 22 *Months,* 21 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 131 Lancaster St

Cause of Death {First, (Primary,) Cholera Inf

Second, (Immediate,)

Duration of last Sickness, Abt 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsis Cemetery

Date of Burial, Aug 16th 1879

Undertaker, Theodore J. Weeks

Place of Business, 69 S. Wolf St

Geo. S. Kinnier M. D.
Medical Attendant.

Address, East Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Trail

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 9 *Years,* — *Months,* — *Days.*

Color, Dark brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and number} 62 Eastern Ave

Cause of Death, First, (Primary.) Bilious Typhoid Fever

Second, (Immediate.) —

Duration of last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, August 15 1879

T. J. Thrasher M. D.
Medical Attendant.

Undertaker, S. H. Evans

Place of Business, 67 Saratoga St

Address, 62 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of

Permit No. 34322

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hannah Lacey

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } "

Age, 26 *Years,* " *Months,* " *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. } "

Occupation, Housekeeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and number. } 33 Aud Cudleigh [illegible]

Cause of Death, { First (Primary,) Catarrh / Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Com Edwd A. Munro – M. D.

Date of Burial, August 17th 1879 Medical Attendant.

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 34323

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Fisher

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* 4 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 157 Pierce st (Between Fremont & Clinton ave)

Cause of Death { First, (Primary.) ; Second, (Immediate,) Convulsions

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Aug 17th 1879

Undertaker, P. Kummel

Place of Business, Mulberry St

James H Lemon M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wiseman

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 16 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hearn

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 98 *Years,* —— *Months,* —— *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland- 30 years in

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} S. S. Duncan alley- near Pratt

Cause of Death {First, (Primary,) old age

Second, (Immediate,) Senile Decay

Duration of last Sickness, about 6 weeks- failing

All the above information should be furnished by the physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 18 1879

James H Chew M. D.

~~*Medical Attendant.*~~

Undertaker, Fry & Bro

Place of Business, 7 Broadway *Address,* Commissioners of Health

7 Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

— Exam by E. Wenman

[OVER.]

Board of Health, City of Baltimore,

Permit No. 34325

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16 Aug

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Allen

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 52 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number} No 6 Parrish Alley

Cause of Death, First, (Primary,) Died from the effect of burning

Second, (Immediate,) caused by Explosion of coal oil Lamp

Duration of last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Aug. 17th

Undertaker, Blackiston & Co.

Place of Business, 606 W. Baltimore

W. K. Warner M. D.
Medical Attendant.

Address, Townsend & Steuart

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...e Special Attention of Physician...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Müller

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 4 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Co Md

Duration of Residence in the City of Baltimore, colored Life

Place of Death, { Give street and number } 6 E. McElderry St

Cause of Death { First, (Primary,) Scarlet Fever
Second, (Immediate,) Malignant from Nec. of Glands.
15 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Boniface Cem.

Date of Burial, August 17. 1879

Undertaker, H. Hofman

Place of Business, 63 N. Eden St

G. D. Dehuff M. D.
Medical Attendant.

Address, 86 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16"

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Mahrer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 87 N. Schroeder St

Cause of Death, First, (Primary,) Scrofula

Second, (Immediate,) ~~7 Months~~ 7 months

Duration of last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, St Agnes

Date of Burial, Sept 17 1879

S. T. Knight M. D.
Medical Attendant.

Undertaker, D Kummel

Place of Business, Mueller & *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 54528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amalia Hofelcorn

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 35 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 110. N. Chapel St.

Cause of Death {First, (Primary.) Erysipelas

{Second, (Immediate,)

Duration of last Sickness, Eleven (11) Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Hebrew Cemetery

Date of Burial, 18th August

Undertaker, John Helwig

Place of Business, 382 Orleans St. *Address,* Cor Caroline & Eden

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...he Special Attention of Phy...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia E Kraus

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 16 *Months,* ..... *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 53 McKim st

Cause of Death { First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cem

Date of Burial, August 17th 1879

Undertaker, Henry Houck

Place of Business, 309 Central Ave

Wm. E. Russell M. D.
Medical Attendant.

Address, Broadway & Fredrick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 34336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 16, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Sutton

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 2 *Years,* 4 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 5 N. Fremont St.

Cause of Death, First (Primary,) Croupoid Diphtheria 5 days

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August the 17th

Undertaker, National Burial Co.

Place of Business, 62 East Pratt

John Hood *M. D.*
Medical Attendant.

Address, 2 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franas Galvin

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bal.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 277 S. Chas,

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Fabians Cem.

Date of Burial, Aug 17th 1879

H. W. Webster M. D.
Medical Attendant.

Undertaker, Jos. H. Bane

Place of Business, [illegible] *Address,* 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

Permit No. 34335

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Burf

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ 3 *Months,* 14 *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} 130 Stirling St

Cause of Death, First, (Primary.)

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug. 17 1879

Undertaker, Chas. White

Place of Business, 36 Granby St

Silas N. Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0742.]

The Special Attention of Physicians is respectfully invited to the Reverse Side.

Board of Health, City of Baltimore,

Permit No. 34333

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Thrasher

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 Years, 1 Months, ____ Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 84 N. Durham Street

Cause of Death, First, (Primary) Pneumonia

Second, (Immediate,) ____

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Aug 17. 1879

Undertaker, Chas H Hitt

Place of Business, 30 Hanover

James J. O'Mauer M. D.
Medical Attendant.

Address, 68 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY, JR. CITY PRINTER AND STATIONER.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 34834

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 15 d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Allen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Fifteen *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co Maryland

Duration of Residence in the City of Baltimore, Thirteen Years

Place of Death, {Give street and number} No 188 S. Hughes St

Cause of Death {First, (Primary.) Injury by a ball, Second, (Immediate,) Acute Meningitis

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, August 17th

Undertaker, Hercules Ross

Place of Business, 15 Century St.

J. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 34885

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 17 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Augt 14-79

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jeannette Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, about 40 *Years,* — *Months,* — *Days.*

Color, Negress *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, Washer & Ironer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Hall's Spring Balto Co Md

Duration of Residence in the City of Baltimore, Since Childhood

Place of Death, { Give street and number. } No 2 Mulberry St — City

Cause of Death, { First (Primary,) Brights Disease / Second (Immediate,) Exhaustion from profuse Diarrhoea

Duration of Last Sickness, Sick — Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 17th

{ *Undertaker,* Abraham Hayman
{ *Place of Business,* No 13 Eutaw St

Wm H Dwell M. D.
Medical Attendant.

Address 87 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 34336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Sarah Jones

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* 5 *Months,* 19 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Living with her Daughter. no occupation

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Montgomery Co Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} No 132 Hollins St.

Cause of Death, First (Primary,) Dyspepsia

Second (Immediate,) Old Age

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ellicott Mills Howard County

Date of Burial, Aug 18th 1879

Undertaker, J. B. Cook

Place of Business, No 707 W. Baltimore Street *Address* 125 N Gaulttown Ave

S. A. White M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 34337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th Aug. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh Kane

~~*Son, Male* or *Female*~~, {cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 1842 Hughes St.

Cause of Death {First, (Primary,) Spasmodic Fever

{Second, (Immediate,)

Duration of last Sickness, 2 Ds

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Aug 19th 1879

Undertaker, B Hoke

Place of Business, 411 Light St

A M Dodge *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

The Special Attention of Physicians is respectfully invited to the Rules

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34338

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter D Perkins

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 531 S. Eden st

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Typhoid Fever

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn

Date of Burial, Aug 19 1879

Undertaker, ———

Place of Business, ———

J Ridgway Rose M. D.
Medical Attendant.

Address, 121 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maud A Morton

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 459 Lemmon st

Cause of Death, First, (Primary,) Congestion of Brain

Second, (Immediate,) one hour

Duration of last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Aug 18 1879

Undertaker, Francis Crusius

Place of Business, 109 N Frederick

J A Ridgely M. D.
Medical Attendant.

Address, 459 Lemmon st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 3 4 3 4 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 18 1879 BALTIMORE

Date of Death, Aug. 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Carick

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 16 *Months,* 4 *Days.*

Color, whit

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 10. 97 S. Spring St.

Cause of Death { First, (Primary,) Dentition

Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, Aug 19th

Undertaker, Michael Feeney

Place of Business, 35 Bank St.

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34311

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Hagen

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 43 *Years,* 10 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany (Hesse Darmstadt)

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} No 161 E. Lombard st

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate.) ____

Duration of last Sickness, two days before the attack — (I have seen her only a few hours before death)

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cem

Date of Burial, August 19

Undertaker, John Herwig

Place of Business, 382 Orleans st *Address,* 12 S Eden

D O'Sullivan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL S[illegible]

Permit No. 34342

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil[illegible] out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th August 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Malcom W. Mearis

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 5 5 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation, Atty at Law

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 97 N. Exeter St.

Cause of Death, {First (Primary,) Softening of the Brain

{Second (Immediate,) Dropsey & Paralysis

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 19th 1879

{*Undertaker,* Hy W. Mears

{*Place of Business,* 45. N. Gay St

Geo. G. Brewer M. D.
Medical Attendant.

Address 258 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 324/3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 17, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Platt Brown,

Sex, Male or Female, {cross out the word not required in this line.} Female,

Age, 16 *Years,* *Months,* *Days.*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Servant.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number} 78 Bolton St.

Cause of Death { First, (Primary,) Dysentery.
Second, (Immediate,) Dysentery.

Duration of last Sickness, Few days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, August 18th 1879

Undertaker, Andrews & Hodges

Place of Business, No 4 & 6 Druid Hill Ave

H. P. Morgan M. D.
Medical Attendant.

Address, 175 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Office of Registrar of Vital Statis

Permit No. 31431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin O'Leary

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Male

Age, ... *Years,* 13 *Months,* ..... *Days.*

Color, whit

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 249 S. Dallas

Cause of Death { First, (Primary,) Dentition
Second, (Immediate,)

Duration of last Sickness, one week

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Aug. 18. 1879

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34345

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bonaventura Batalke

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 1 *Years,* 10 *Months,* ... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 12 Walker st

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

8

Place of Burial, St Mychaels Cem

Date of Burial, August 19, 1879

Undertaker, Henry Koch

Place of Business, 1 Broadway

D. L. Dausch M. D.
Medical Attendant.

Address, 27 V. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2 And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 3 / 3 4 6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 17: 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Berry

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~Years~~, 9 *Months,* ~~Days.~~

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, 9 mos.

Place of Death, {Give street and number} No Ostend St near Ridgely

Cause of Death, {First, (Primary,) Pneumonia
Second, (Immediate,)

Duration of last Sickness, Two (2) Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Aug 19th

Undertaker, H. Mier.

Place of Business, Eastern Ave & Bond St

A. O'Leary M. D.
Medical Attendant.

Address, 379 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL

Permit No. 34347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry Boyd

Sex, Male or Female, {cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Saddler

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Montgomery Co

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number} 53 N Liberty St

Cause of Death, First, (Primary.) Enteritis

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, August 19th

Undertaker, Stewart & Mowen

Place of Business, 35 Park Ave

L. J. Knight M. D.
Medical Attendant.

Address.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of [illegible]

Office of Registrar of Vital [illegible]

Permit No. 32348

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} S. T. Bailey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5-6 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Artist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N. York

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give street and number.} 63 St Paul

Cause of Death, {First (Primary.) Progressive Locomotor ataxy

{Second (Immediate.) Exhaustion

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, Aug 18 1879

Undertaker, Geo. Raymond M. D.
Medical Attendant.

Undertaker, Stewart & Moore Address 43 N. Calvert St

Place of Business, 38 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 34349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Seibert

Sex, Male or Female, {cross out the word not required in this line.} .....

Age, One (1) *Years*, ... *Months*, ... *Days*.

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} .....

Cause of Death { First, (Primary.) Scrofula

Second, (Immediate.) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetary

Date of Burial, August 19th 1879

Undertaker, Leonard Purr

Place of Business, S. Bendtrell & 272

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL

Permit No. 34350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel & Joseph Morgan Parents

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 Hours Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 213. Cooksie St. L. Pt.

Cause of Death First, (Primary.) Premature Birth (7 mos

Second, (Immediate.) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 19 1879

Undertaker, W. B. Hardee

Place of Business, Light St

Thos A Shuman M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman

Special Attention of Physicians is respectfully invited to the Reverse Side.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Martin

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 0 *Years,* Two *Months,* 0 *Days.*

Color, Light Copper

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Child

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and number} No 11 Paris Alley

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Last Week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug 15th 1879

C. B. F. Bohrer *M. D.*
Medical Attendant.

Undertaker, Wm J. Bailey Jr

Place of Business, 9 Druid Hill Ave *Address,* Cor Baltimore & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

Permit No. 34352

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 15th 99

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Foote

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* ——— *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, since life

Place of Death, {Give street and number} 44 Biddle Alley

Cause of Death { First, (Primary,) Convulsions

, { Second, (Immediate,)

Duration of last Sickness, Death, sudden,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Aug. 18th 1899

{ *Undertaker,* Enoch Pratt Jr.

{ *Place of Business,* 9 & 11 Hillen

H. Keller M. D.
Medical Attendant.

Address, 89 Monroe St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 34353

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decease sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 17th — 4 Rm 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah. Gregory

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Ten Months, Seventeen Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 30. New Church Street

Cause of Death, {First (Primary.) Infantile Indigestion
Second (Immediate,) Inflamation Intestines four days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonzus

Date of Burial, Aug 18 1879

Undertaker, J. S Mackin

Place of Business, 150 Camden

G. B. Becker M. D.
Medical Attendant.

Address 130 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo

Permit No. 34357

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vannoosey Henson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 15 *Months,* ____ *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 170 Gilman st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 170 Gilman st

Cause of Death, {First, (Primary,) Teething
Second, (Immediate,)

Duration of last Sickness, About 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, Aug 18 1879

Undertaker, William Dunger

Place of Business, No 62 East 5th

H Darling M. D.
Medical Attendant.

Address, 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 34355

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 17, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hellen Gundersheimer

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 22 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Three Years

Place of Death, {Give street and number.} 657 W. Baltimore

Cause of Death, {First (Primary,) Cholera Morbus

Second (Immediate,)

Duration of Last Sickness, 18 hours.

All the above information should be furnished by the Physician.

Place of Burial, Loyd Street Cem'y

Date of Burial, August 19 1877

Undertaker, Peter Kummert

Place of Business, 317 Hollins St.

John Hood M.D.
Medical Attendant.

Address, 21 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 34356 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 17th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias ~~Ha~~ ~~Hach~~ Hecht

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation, Peddler

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany — 28 years in U S

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and number.} Hebrew Hospital E Monument St

Cause of Death, First (Primary,) Accidental fall

Second (Immediate,) from window

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, August 19th 1879 Edmund Rwallace M. D.

Medical ~~Attendant~~

{*Undertaker,* Wm. Elam

{*Place of Business,* 101 Gough St Address Corner M & S

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 34357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Frederick William Schultz

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 20 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 20 days

Place of Death, {Give street and number} 132 West Pratt

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,)

Duration of last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Ct Rest Cem.

Date of Burial, August 18

Undertaker, B. Hearle

Place of Business, 1111 Light St

Dr. R. M. P. Ellis *M. D.*
Medical Attendant.

Address, 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL S

Permit No. 34358

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Orme

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, 19 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Nurse

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 386 North Bond

Cause of Death, First (Primary,) Inflammation of Brain (Meningeal)

Second (Immediate,)

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 20th

Undertaker, Geo Schilling

Place of Business, Ashland Square

E. H. Tayson M.D.
Medical Attendant.

Address, 18 Dugan Hill St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITA

Permit No. 34359

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday, August 17th, 1879 —

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sylvester J. Kuhn —

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 17 *Years,* two — *Months,* *Days.*

Color, White — *Sex,* male —

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, None —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City —

Duration of Residence in the City of Baltimore, all his life —

Place of Death, { Give street and number. } 194 Cavalier Avenue —

Cause of Death, First (Primary,) Rheumatic Pericarditis —

Second (Immediate,) Chronic Hypertrophy and Dilatation of Heart —

Duration of Last Sickness, Six months —

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, August 19th 1879

R. H. Goldsmith — *M. D.*
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St *Address* 106 Holliday Street —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

Permit No. 24360

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Hardy Gualtney

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Nineteen *Years,* Five *Months,* ~~—~~ *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number} 189 Edmondson Ave

Cause of Death, {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Miliary Tuberculosis

Duration of last Sickness, Seventeen Months

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va

Date of Burial, August 19th 1879

Undertaker, Denny & Mitchell

Place of Business, 550 W. Fayette St

Elias 6 Price M. D.
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL STA[illegible]S.

Permit No. 34361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

Date of Death, August 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Ann Smith

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 11 *Years,* 5 *Months,* 1 *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 249 N. Fremont-st.

Cause of Death First, (Primary.) Carcinoma Uteri

Second, (Immediate,) Exhaustion

Duration of last Sickness, One year (nearly)

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cemtery

Date of Burial, Aug 19th 1879

Drs Hammond & Mitchell M. D.
Medical Attendant.

Undertaker, Joseph H. Coane

Place of Business, Cor Fremont & Balto Sts *Address,* No 64 N Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITA

Permit No. 3 4 / 3 6 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE AUG 19 1879

Date of Death, 18th August 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A. Lucas

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 94 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} ✓

Occupation, Carpenter by Husband

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Talbot Co. Maryland

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} No. 153 N. Howard St.

Cause of Death, {First (Primary,) Cancer (Uterus)

{Second (Immediate,)

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, 20th August 1879

Arthur Richardson M. D.
Medical Attendant.

{*Undertaker,* Peter Kinnamert

{*Place of Business,* Mercer St Address 30 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 34363

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE

AUG 19 1879

Date of Death, August 18th, 5 O'clock P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Burnett Hunter

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ____ *Years,* ____ *Months,* (8) Eight *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ramsey St. Opp. Street, No number — Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Ramsey St Opp. Street, No number — Catens,

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Boney Bray Cemetery

Date of Burial, August 19. 79

Undertaker, P. P. Dill

Place of Business, 183 Columbia Av

Brink McKendrick, M.D.
Medical Attendant.

Address, 106 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 34364

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

Date of Death, August 18 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Pfeil

Sex, Male or Female, {cross out the word not required in this line.}

Age, 52 *Years,* *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Restaurant Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 26 W Lombard St

Cause of Death First, (Primary,)

Second, (Immediate,) Brights Disease of the Kidneys

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug 20th 1879

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts *Address,*

Wooden Coffin

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

~~Board of Health, City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

Date of Death, August 18th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosae Barkofske.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 1 *Years,* 4 *Months,* ——— *Days.*

Color, White. *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 29 & S. Ann St.

Cause of Death, First (Primary,) Cholera Inf.

Second (Immediate,) Spasms.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, ~~Mt Olivet~~ St Alphonsus

Date of Burial, August 19th 1879

Undertaker, Ambrose Koehler.

Place of Business, 240 Lombard St.

T. E. Sullivan M. D.
Medical Attendant.

Address 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of [illegible]

Permit No. 31366

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

U.S. HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

Date of Death, Aug 18th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina Schaumberg

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 1 *Years,* 11 *Months,* 29 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 391 W Pratt St

Cause of Death, First (Primary,) Not Known - Saw it when dying

Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Dem

Date of Burial, August 20th J G Hamble M.D.

Medical Attendant.

Undertaker, G Leimbach *Address,* 203 N Lombard

Place of Business, 389 W Pratt St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johns J. Nicholson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 74 *Years,* 4 *Months,* 25 *Days.*

Color, White

~~Married, Single, Widow or~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Banker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 74 years.

Place of Death, {Give street and number} 128 St Paul Street

Cause of Death, First, (Primary,) Aphasia with Chronic inflam of Brain

Second, (Immediate,) " " " " "

Duration of last Sickness. one Year

All the above infor...

Place of Burial, Green Mt. Cemetery

Date of Burial, August 20 1879

Undertaker, N.W. Jenkins & Son

Place of Busin 16 Light St. *Address,* 307 Madison Av

W. W. Browne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DUCKETT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday. Aug. 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Edward Smith

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~Years~~, 8 *Months,* 9 *Days.*

Color, Light Brown.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, 23 Josephine St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 124 Sarah Ann Street

Cause of Death {First, (Primary,) Whooping Cough

{Second, (Immediate,)

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 19 1879

Undertaker, John C Jordon

Place of Business, 63 Park Ave

Charles Getz M. D.
Medical Attendant.

Address, 579 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 3c/369

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 18th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elija Jefferson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Five *Years,* — *Months,* — *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number} 119 Chestnut Alley

Cause of Death, First, (Primary.)

Second, (Immediate,) Bright's Disease

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 19.

Undertaker, Fordham Wayman

Place of Business, 13 Saratoga st

J. Giugling M. D.
Medical Attendant.

Address, 63 George st. city

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 24370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Davis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* one *Months,* fourteen *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3 Jay Street Alley

Cause of Death, {First (Primary,) Cholera infantum

Second (Immediate,) " "

Duration of Last Sickness, one week

All the above information should be furnished by the Physician

Place of Burial, Ea. of Loudon

Date of Burial, Aug 19

Undertaker, Abraham Wyman

Place of Business, 18 Saratoga st

E. le Price & Son M. D.
Medical Attendant.

Address 267 Mead Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lorentz Dorn

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, white

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and number} St. Joseph's Hospital

Cause of Death {First, (Primary,) Diarrhoea

Second, (Immediate,) Exhaustion

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Aloysius Cem.

Date of Burial, August 20, 1879

Undertaker, Henry Koch

Place of Business, 309 Carlton Av

O. J. Cohery M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 1 3 7 4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 19 1879

CERTIFICATE OF DEATH.

Date of Death, August 18th (Fourteenth)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Langston

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, One *Years,* Eight *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 208 Caton St

Cause of Death, First, (Primary,) Whooping Cough

Second, (Immediate,) Convulsions

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Aug 19 1879

T. P. McCormick M. D.
Medical Attendant.

Undertaker, Wm Jas Gray

Place of Business, Mulberry St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 24373

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis J. Merritt

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 61 Hollins st,

Cause of Death { First, (Primary,) Supposed to be Apoplexy, Death, Second, (Immediate,) found dead in bed,

Duration of last Sickness, Sudden,

All the above information should be furnished by the Physician.

Place of Burial, Jessup's Cut

Date of Burial, August 19 1879

Undertaker, A.W. Gaylens & Son

Place of Business, 16 Light St

Geo C Ogle Coroner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1806

KODAK SAFETY

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Betsy Ann Dinmant

~~Son, Male~~ or *Female,* {cross out the word not required in this line.} Female

Age, ~~5 m~~ Five Years, 9 (Nine) Months, 7 (Seven) Days.

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.} Married

Occupation, Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Maryland.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 152 South St.

Cause of Death, {First, (Primary.) —
Second, (Immediate.) Pulmonary Consumption

Duration of last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 20th 879

Undertaker, Wm Hacker

Place of Business, 152 Conant

Wm McNickerson M. D.
Medical Attendant.

Address, 164 N. Arlington Ave.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna M. Schuön

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 8 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} N. W. Cor. Caton Ave & Chester St.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Ulcerative Stomatitis

Duration of last Sickness, 7 Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co. Md

Date of Burial, Aug 20th 1879

Undertaker, [illegible]

Place of Business, [illegible]

Chas. E. M. Shaw M. D.
Medical Attendant.

Address, 61 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 18th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wilhelm

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 63 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 219 Preston St.

Cause of Death { First, (Primary.) Phthisis
Second, (Immediate.)

Duration of last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cy

Date of Burial, Aug 21st 79

{ *Undertaker,* Peter Kemper
Place of Business, 217 Aisquith St.

H Miller M. D.
Medical Attendant.

Address, 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore,

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henriette C. Lee

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days.*

Color, ~~e~~ed

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Somerset Maryland

Duration of Residence in the City of Baltimore, 67 years

Place of Death, {Give street and number} Aisquith No 90

Cause of Death, First, (Primary.)

Second, (Immediate,) Paralysis

Duration of last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Dallas F Lemby

Date of Burial, Aug 19th 1879

Undertaker, Theodore J. Locks

Place of Business, 73 Jefferson st

E. C. Baldwin M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to Rules Printed on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1879

CERTIFICATE OF DEATH.

Date of Death, August 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Petty

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Thirty Six *Years,* Six *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Lady

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 58 S Sharp St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) —

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, August 20th 1879

Richard Dennis M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 65 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER}

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 18th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [redacted] Anna R. Briers

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 25 *Years,* 9 *Months,* 2 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 225 Conway St.

Cause of Death {First, (Primary,) Chronic Bright's Disease

Second, (Immediate,)

Duration of last Sickness, about five years.

All the above information should be furnished by the Physician.

Place of Burial, Met Olivet Cem

Date of Burial, August 21st

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St

R. H. N. Tate M. D.
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34380

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 17. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Lind

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 276 E. Saratoga

Cause of Death {First, (Primary.) Marasmus

Second, (Immediate,) Exhaustion

Duration of last Sickness, since birth

All the above Information should be furnished by the Physician.

Place of Burial, Schwatz Cemetery

Date of Burial, Aug't 19th 1879

Undertaker, Henry Sanders

Place of Business, ...

G. G. Cook M. D.
Medical Attendant.

Address, Balt. & Hanover Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Drury

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty Nine Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 210 Alice Anne St,

Cause of Death, {First (Primary,) Heart disease

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemty

Date of Burial, August 19th 1879

Undertaker, H. Trocklich

Place of Business, 246 Eastern Av

A. G. Ireland M.D.
Medical Attendant.

Address Brown E. Fort,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 34382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 18 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carey Turner

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* 10 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 22 Hanover St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Brain Symptoms

Duration of last Sickness, Three weeks

All the above Information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, Aug 19th

Undertaker, A. Eilau

Place of Business, ———

Abram B Arnold M. D.
Medical Attendant.

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 3 4 3 8 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} — Coriday.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 2 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 132 Chew.

Duration of Residence in the City of Baltimore, 2 dys.

Place of Death, {Give street and number.} 132 Chew St Edg.

Cause of Death, First (Primary,) —

Second (Immediate,) Inition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, August 19th 1879

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Av.

Jos G. McKim, *M. D.*
Medical Attendant.

Address Fayette & Pace Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Riley

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 16 Forest Place

Cause of Death, First, (Primary.) Premature Birth

Second, (Immediate,) Inanition

Duration of last Sickness,

All the above information should be furnished by the Physician.

...rce of Burial, Holy Cross

...h. of Burial, Sept 19 1879

...th. rtaker, H. C. Wiedefeld

...ult. *Business,*

...nized

...direct

Geo R Reynolds M. D.
Medical Attendant.

Address, 43 N. Eutaw St

...ract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

...nd be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...an who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set... the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per... the cause and date of death, except in cases of births and deaths of illegitimate children.

...

...ITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 24385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th. August 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Manuel

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give street and number} E. Lombard Street 344.

Cause of Death, First, (Primary,) Stone in the Bladder

Second, (Immediate,) Exhaustion

Duration of last Sickness, 14. Days

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels

Date of Burial, 20th day of August

Undertaker, John Brown

Place of Business, 191 S. Dulaney

Wm. Hand M.D.
Medical Attendant.

Address, S. Gilmor & W.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Donohue

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number } 217 N. Fremont

Cause of Death, { First, (Primary,) Bilious Fever
Second, (Immediate,) One week

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Pts Cem

Date of Burial, Aug 20 1879

Undertaker, C. & R. Byrne

Place of Business, 2[illegible] Lig[illegible]

H. L. Gun M. D.
Medical Attendant.

Address, 379 N. Louden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 34387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Stachie Yaeger

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary.) ..... Second, (Immediate.) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Aug. 20th 79

..... *M. D.*
Medical Attendant.

Undertaker, M. France

Place of Business, 240 Canton Ave *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeannette V. Wailes

~~Sex, Male or Female,~~ {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* ____ *Days.*

Color, Colored

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 97 Lee St.

Cause of Death, {First, (Primary,) ____ Second, (Immediate,) Spinal Meningitis

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, August 20 1879

Undertaker, S N Chase

Place of Business, 198 S Hanover

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday August 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Ida Freeman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 242 Raburg St

Cause of Death {First, (Primary.) Scarletina

Second, (Immediate.)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 20 1879

Undertaker, S. W. Lehnare

Place of Business, 190 Harrison St

L. Emmett Harris M. D.
Medical Attendant.

Address, 532 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 34390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Howard

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} F

Age, 59 *Years,* —— *Months,* —— *Days.*

Color, Colored

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} A. A. Co Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 134 S. Eutaw St

Cause of Death { First, (Primary.) Scrofula
Second, (Immediate,) Rheumatism

Duration of last Sickness, — 5 years

All the above information should be furnished by the Physician.

Place of Burial, Shaws St. Cem'y

Date of Burial, Aug 19 1879

Undertaker, S. W. Clarke

Place of Business, S. Howard St

James Adams M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 32391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 18 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Wm Hollies

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 95 Plum alley

Cause of Death { First, (Primary,) Eclampsia
Second, (Immediate,) Convulsions

Duration of last Sickness, Life

All the above Information should be furnished by the Physician.

Place of Burial, Bloods St. Cemetery

Date of Burial, Aug 19 1879

Undertaker, Jacob Davis

Place of Business, Lee St. *Address,* Comm of Health

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Examined E. Wanmaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Estelle Gardner

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, ~~Years,~~ 6 *Months,* 24 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} —

~~Occupation~~, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 170 East Baltimore St

Cause of Death, {First, (Primary.) Marasmus

{Second, (Immediate.)

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Dulaney

Date of Burial, Aug 19th 79

{Undertaker, C. D. Smith

{Place of Business, 25 Centre

Thomas B. Evans, M. D.
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 34393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 1879 BALTIMORE

Date of Death, Aug. 17, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanora Moore

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 72 *Years,* *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt. Co., Md.

Duration of Residence in the City of Baltimore, 65 yrs

Place of Death, {Give street and number.} No. 1 W. Calhoun st.

Cause of Death, First (Primary,) Bilious colic & vomiting

Second (Immediate,) Cerebral apoplexy

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Aug 20th 1879

Undertaker, D Jenny & Mitchell

Place of Business, 550 W Fayette St

John Hood M.D.
Medical Attendant.

Address, 2 N. Carey st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Frederick Myers

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 26 West Mulberry between Eutaw & Howard

Cause of Death { First, (Primary.) Cholera infantum

Second, (Immediate,) exhaustion

Duration of last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Reform Cemetery

Date of Burial, 21 August 1879

Undertaker, John Lankenau

Place of Business, 265 West Fayette *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary V. Green

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days.*

Color, White

~~Married, Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 3 yrs. 2 mos.

Place of Death, {Give street and number} 964 Pantopco St

Cause of Death, {*First, (Primary,) Diphtheritic Croup.

Second, (Immediate,) three days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery H. L. Lohr M. D.

Date of Burial, Aug 20th 1879 Medical Attendant.

Undertaker, J. W. Leonard Son

Place of Business, 782 W. Balto. *Address,* 3796 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 18th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Celestine Horan.

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 877 W Pratt St

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 21st 1879

Undertaker, J. B. Cook

Place of Business, No 707 W. Baltimore Street

W. McNeile M. D.
Medical Attendant.

Address, W. Pratt & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry Chaplain

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 13 *Years,* 7 *Months,* 3 *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} May st No 21

Cause of Death, First, (Primary,)

Second, (Immediate,) Colitis + Cerebro Spinal Meningitis

Duration of last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, Aug 20th 1879 E. C. Baldwin *M. D.*

Medical Attendant.

Undertaker, Theodore Locke

Place of Business, 78 Jefferson St *Address,* 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 34398

OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 17th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Banks

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* ~~8~~ *Months,* *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 233 N Durham St

Cause of Death, First (Primary,) Overdose of Laudanum & ext Sugar of Lead

Second (Immediate,) accidentally administered (Accidental Poisoning)

Duration of Last Sickness, 14 hours

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, Aug 20th 79

Undertaker, Siegfried Locke

Place of Business, 78 Jefferson St

Edmund R Walker M. D.
Medical Attendant

Address Coroners Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTIC

Permit No. 34399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Wagner

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 19 Peach alley,

Cause of Death First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, 3½ months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, 20th August.

Undertaker, J. Cline

Place of Business, Mar. & Wash. *Address,* 116 Barre St.

Warren Cook *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 19th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Louise Stull

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 8 *Years,* 8. *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Lawrenceville Arkansas

Duration of Residence in the City of Baltimore, 6 weeks.

Place of Death, {Give street and number} 218 Pierce

Cause of Death { First, (Primary,) Dentition. / Second, (Immediate,) Meningitis

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Augt 20 1879 Louis C. Hoen M. D.

Medical Attendant.

Undertaker, D. Lemmert

Place of Business, Mulberry St. *Address,* 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 34401

OFFICE OF REGISTRAR OF VITAL [illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f[illegible] out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Aug~~ Aug 19th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Albert Nickum

Sex, Male or Female, {Cross out the word not required in this line.}

Age, [illegible] *Years,* 15 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Md.,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 66 Hamburg St.,

Cause of Death, {First (Primary.) Cholera Infantum,
Second (Immediate.)}

Duration of Last Sickness, 2 weeks,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 20th 1879

Undertaker, Simpers & Denny

Place of Business, 263 Eutaw St

R. J. H. Tall M. D.
Medical Attendant.

Address 152 Stanley St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 34402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Diggs

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, Five Months, Twelve Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} No. 168 Dover Street

Cause of Death { First, (Primary,) Pneumonia / Second, (Immediate,) Convulsions

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Salt

Date of Burial, August 20

Undertaker, Hercules Hall

Place of Business, Baltimore

L. D. Byers M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTIC[illegible]

Permit No. 34403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19th 1879 10 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Harrod

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 2 ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation, ~~Child~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 2 ft time

Place of Death, {Give street and number} 84 Aisquith ~~street~~

Cause of Death {First, (Primary,) Congenital Blue disease.

Second, (Immediate,) (Defective Heart Congenital)

Duration of last Sickness, since Birth

All the above information should be furnished by the Physician.

Place of Burial, B[redacted] st

Date of Burial, 2 Oclock

Undertaker, Mr sanders

Place of Business, Eastern avenue

Address, 291 E. Baltimore St.

Jas E. Emmett M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 34404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fill* *it*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner*, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gerby or Emery

Sex, Male or Female, {cross out the word not required in this line.}

Age, Middle aged *Years,* 63 *Months,* *Days.*

Color, Col

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Hod Carrier

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Richmond Va - (Va)

Duration of Residence in the City of Baltimore, since war

Place of Death, {Give street and number} 17, Camel alley

Cause of Death First, (Primary,) Died when I saw him - probably

Second, (Immediate,) paralyzed

Duration of last Sickness, ~~Two~~ 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Aug 19, 1879

Undertaker, Fred A Kershner

Place of Business, 50 Carroll Ave, *Address,* 201 W. Biddle

R. Hinslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted [illegible] That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during [illegible] her last sickness, or the Coroner, when the case comes under his notice, to furnish within [illegible] eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, [illegible] cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., BOOKBINDERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 34405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Schaeffer

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, Eighteen *Years,* Six *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Carriage Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} Castle & Jefferson Sts

Cause of Death, First, (Primary.) Causes unknown 5 mo

Second, (Immediate,) Typhoid fever

Duration of last Sickness, About eight days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 21

Undertaker, John Henry Jr

Place of Business, 382 Orleans St.

Milton T. Taylor M. D.
Medical Attendant.

Address, Broadway & McElderry st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 34406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 18th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Gilliard (Mother)

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* one *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 89 Moore's alley

Cause of Death { First, (Primary.) Premature Birth
Second, (Immediate,) Inanition

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Augt 19 1879

Undertaker, Wm H. Bishop

Place of Business, Druid Hill Av

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Waxman

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Napoleon Broadnax.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Years, 18 Months, Days.

Color, ~~White~~ Col'd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~~~~~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 149 Pierce

Cause of Death {First, (Primary,) Cholera Infant.
Second, (Immediate,) Meningitis.

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Hope Fleet Cemetery

Date of Burial, August 20 1879 Louis Chs Nourse M. D.
Medical Attendant.

Undertaker, Peter Kennedy

Place of Business, Mulberry St *Address,* 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Lawrence

Sex, Male or Female, {cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 17 Walnut alley

Cause of Death First, (Primary,)

Second, (Immediate,) Killed by a Comet

immediate death

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 20 1879

Undertaker, A. J. Hayman

Place of Business, 13, Saratoga St *Address,*

Overlooked by the coroner M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OAK SAFETY FILM

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mollie Catherine Crabbs

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Dress maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} 130 N. Eutaw St

Cause of Death, {First (Primary,) —
{Second (Immediate,) Phthisis Pulm

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 21st 1879

Undertaker, L. H. Blizzard *Address* 58 S. Sharp St

Place of Business, Penna ave

W. Stevens M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 BALTIMORE

Date of Death, Aug. 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cath. Sechrists

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No. 28 Fish St.

Cause of Death { First, (Primary,) Trismus Nascentium
Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. M. Graveyard

Date of Burial. August 20th 1879

Undertaker, H. M. Gibmeyer

Place of Business, 241 Caroline St.

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 4 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Marchlodt

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 53 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years.

Place of Death, {Give street and number} 54 Durst alley

Cause of Death, First, (Primary,) Believed to be Consumption, Complicated

Second, (Immediate,) with Inflammation of the Liver & Stomach

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Augus 21st

Undertaker, B. Harley

Place of Business, 41 Light St. *Address,* Hanover & Barre sts

R. C. Lee M. D.
Medical Attendant
Carroll S. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 4 1 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20 August 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hoffman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Thirty *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Ice Man

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Thirty Years.

Place of Death, {Give street and number} 101 Eastern Av.

Cause of Death {First, (Primary,) Heart Disease (Mitral).

{Second, (Immediate,)

Duration of last Sickness, Eight Months.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, August 22th. 1879

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

Defrud A Page M. D.
Medical Attendant.

Address, 70 Eastern Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34413

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Moses

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 — *Years,* 1 — *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, all to life

Place of Death, {Give street and number} South High St near Lombard

Cause of Death { First, (Primary,) Imperfect development of Brain & Spinal cord — digestion — Atrophy of muscular tissues from the result of the above cause, general marasmus

Second, (Immediate,)

Duration of last Sickness, Sick since Birth.

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, August 21st 79

C. D. Dohme, M. D.
Medical Attendant.

Undertaker, Wm. Eilau

Place of Business, 101 Gough St *Address,* 86. Lafayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, _____

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie E Eaton

Sex, Male or Female, { cross out the word not required in this line. } _____

Age, 1 *Years,* _____ *Months,* 24 *Days.*

Color, _____

Married, Single, Widow or Widower, { Cross out the word not required in this line. } _____

Occupation, _____

Birthplace, { State or country, (and how long in the United States if of foreign birth. } _____

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number } _____

Cause of Death, { First, (Primary) _____ Second, (Immediate,) _____

Duration of last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 29th 1879

_____ *M. D.*
Medical Attendant.

Undertaker, A. M. Gilmore

Place of Business, 241 Canton Ave

Address, _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl Georg Meiselahn

Sex, ~~Male or Female,~~ {cross out the word not required in this line.} male

Age, —— *Years,* 1 *Months,* 18 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 248 Franklin St

Cause of Death, First, (Primary.) Cholera Infantum.

Second, (Immediate,) Anaemia.

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Aug. 22. 1879

Henry Salzer M. D.
Medical Attendant.

Undertaker, Walter Pimmel

Place of Business, 252 W. Biddle *Address,* 16th & Towson Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34416

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Leary

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 48 Dolphin St

Cause of Death First, (Primary.) Typho Malarial Fever

Second, (Immediate,) Exhaustion

Duration of last Sickness, Two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Aug 22nd 79

Undertaker, Thos S Hughes

Place of Business, 100 E Pratt

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Frei

Sex, Male or Female, {cross out the word not required in this line.}

Age, Fifty Three *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number} 202 Aliceanna

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,)

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetary

Date of Burial, 21th August 1879

Undertaker, Wm Nicolaus

Place of Business, 255 Alice Ann. *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 19 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H Johnson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 3 Howards ct

Cause of Death, First, (Primary,) Malum Infantum

Second, (Immediate,)

Duration of last Sickness, about 48 Hours

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Aug 21 1879

Undertaker, Fred. C. Kirchner

Place of Business, 50 S. Carroll Carroll Ave

H Dorsey M. D.
Medical Attendant.

Address, 252 Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 21 / 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Kaufman.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Box Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Marion St 39

Cause of Death, {First (Primary,) Pneumonia Double

{Second (Immediate,) Phthisis

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery. M. D.

Date of Burial, Aug 22 nd 1879 Medical Attendant.

{*Undertaker,* C. Wiegand

{*Place of Business,* 55 Eutaw Hill Ave *Address* 183 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Edward Stevens

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, One *Years,* Three *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} # 244 N Bond St

Cause of Death, First, (Primary.) Cholera infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 22d 1879

Undertaker, John Lake

Place of Business, 161 E Baltimore St

A. Hartman & Son M. D.
Medical Attendant.

Address, # 306 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER}

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Robinson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~ Years, 11 Months, 20 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 7 N. Dallas St.

Cause of Death {First, (Primary,) Pertussis
Second, (Immediate,) Convulsions

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 21st 1879

Undertaker, The J. Locke

Place of Business, Jefferson St

I Samuel Glenn M. D.
~~Medical Examiner.~~

Address, Comm'r of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wannar

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 20th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emily Stepney (Mother)

Sex, Male or Female, { cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* One *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 119 W. Durham St

Cause of Death { First, (Primary,) Second, (Immediate,) } Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 21st 1879

Undertaker, Wm N. Dungee

Place of Business, East St

James A Steuart M. D.
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Warman

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34423,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 19th 1879

Full Name of Deceased, {White legibly and spell correctly. If an Infant not named, give names of parents.} Charles Patterson

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 181 Medtkin Street

Cause of Death {First, (Primary,) Consumption
Second, (Immediate,) Hemorrhage

Duration of last Sickness, 17 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Augt 21st 1879

Undertaker, John H. Locke

Place of Business, Wolf St

James A. [illegible] M. D.
Medical Examiner.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

...on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21st August 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Keene

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 48 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Steamboat Captain

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 129 Hanover St

Cause of Death, First, (Primary,) Pericarditis

Second, (Immediate,)

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md.

Date of Burial, August 22nd '79

H. W. Hebb M. D.
Medical Attendant.

Undertaker, T. N. Groll

Place of Business, 131 Hanover St *Address,* 57 Burne, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 20th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Jackson,

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} /

Age, ... *Years,* Two. *Months,* Four, *Days.*

Color, Colored,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and number} 106 Milliman St,

Cause of Death First, (Primary.) Entro-Colitis, following Chol-Infantum

Second, (Immediate,) Exhaustion,

Duration of last Sickness, 3 Weeks,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Aug 22nd 1879

Undertaker, Stiles Jones

Place of Business, 78 Jefferson, *Address,* Sat 211 N. Broadway,

J. M. Chamberlain, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise King

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 16 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 416 Harrison St

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Convulsions

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 22/1879

{ *Undertaker,* William Fry
Place of Business, Fayette & Broadway Baltimore

Wm. E. Russell M. D.
Medical Attendant.

Address, Broadway & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 21 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Lawson

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, Forty five Years, — Months, — Days.

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation, Washerwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md 49 Gaylord St

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} No 51 Gaylord St

Cause of Death First, (Primary,) ~~Pneumonia~~

Second, (Immediate,) Asthma

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Aug 22 1899

Undertaker, J. M. Chase

Place of Business, 1 N Howard

J. F. Scott M. D.
Medical Attendant.

Address, 260 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Quaid

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Five *Years,* Four *Months,* Nineteen *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Born

Place of Death, {Give street and number} No 7 N Parkin St

Cause of Death, First, (Primary.) Epilepsia

Second, (Immediate,) Suffocation

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Aug 22nd 1878

Undertaker, H H Loots

Place of Business, No 707 N Baltimore Street

J. E. Mitchell M. D.
Medical Attendant.

Address, 36 Parkin St Fells Point

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Bradley

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, *Years,* Four *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} No. 221 Eutaw Street (S)

Cause of Death First, (Primary,) Spinal Irritation from Exposure

Second, (Immediate,) Tetanic Convulsions

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Aug 22 1879

Undertaker, C W Chase

Place of Business, 11 Howard St

L. L. Dyer *M. D.*
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Wehr

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} R- 108 S. Wolfe st

Cause of Death, First, (Primary.) Tubercular Meningitis

Second, (Immediate.) Exhaustion

Duration of last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, L. C. Hlonzes Cemetery

Date of Burial, August 23d 1879.

Undertaker, Leonhard Kurr

Place of Business, S. Bond St. Nr. 27th

L O Whiteruill M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry J. Rogers

Sex, Male ~~or Female~~, { cross out the word not required in this line. } (

Age, 69 *Years,* ..... *Months,* ..... *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } .....

Occupation, Electrician.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 307 Augusta Ave.

Cause of Death, { First, (Primary,) Softening of Brain

{ Second, (Immediate,) Exhaustion

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea Cemetery

Date of Burial, August 22nd 1879

Undertaker, James A. Byrne

Place of Business, No 63 ½ E. Front St *Address,* 121 N. Monument St

E. Wellington, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie McGovern

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 190 E. m. Avenue

Cause of Death, First, (Primary.) Malignant Scarlet Fever

Second, (Immediate.) Twenty four (24) hours

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, August 22d 1879

Geo. B. Reynolds M. D.
Medical Attendant.

Undertaker, James P. Byrne

Place of Business, No 63 n Liberty St *Address,* 43 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34433

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 21 / 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie marks

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 1 *Years,* 4 *Months,* 12 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltr. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 259. E. Lombard st.

Cause of Death First, (Primary,) Cholera infantum.

Second, (Immediate,)

Duration of last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Alysanius Cem.

Date of Burial August 22d 1879

P. Lev. Daunt M. D.
Medical Attendant.

Undertaker, H. Möhlen

Place of Business, 244 E. Lombard st. *Address,* 27. N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...description of [illegible] occupations, address, etc. See Rules on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32434

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Casandra Brown

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 78 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number} 267 Forest Ave

Cause of Death, {First, (Primary,) — Second, (Immediate,) Asthma

Duration of last Sickness, 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Aug 23 1879

Silas M. Hunter M. D.
Medical Attendant.

Undertaker, Geo. C. Bateman

Place of Business, 38 Eutaw St. *Address,* 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 34435

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 21st 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Egnatus Valencee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} M

Age, 7 *Years,* *Months,* *Days.*

Color, colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} Hosp of the Holy Name, St. Rec 2 1/2 Calvert Ave

Cause of Death, {First (Primary,) Accidental

Second (Immediate,) Drowning

Duration of Last Sickness, Instantaneous death

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Cem

Date of Burial, Aug. 23

Undertaker, W. Diffel

Place of Business, S. Bond St. 151

Edmund Rivardi M. D.
Medical Attendant.

Address Govan n P L

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 20 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schaaf

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ____ *Years,* 10 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 92, Register St

Cause of Death, First, (Primary,) Acute Pneumonitis

Second, (Immediate,) —

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Aug 22 1877

Adam B Arnold M. D.
Medical Attendant.

Undertaker, Hinkle & Lippel

Place of Business, 151 S Bond st *Address,* —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 34437

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUNE 22 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Turner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, about 7 Months, Days.

Color, Coloured

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number.} In court back of 10 Morris Alley

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Inanition

Duration of Last Sickness, All its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 23rd 79

Undertaker, Wm James Gray

Place of Business, 6 Emmalberest

Richd Henry Thomas M. D.
Medical Attendant.

Address Cor Eutaw & Biddle Sts
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34438

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21 August 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* 1/2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, his entire life 12 days

Place of Death, { Give street and number } St Vincents Infant & Asylum

Cause of Death, { First, (Primary,) Marasmus

Second, (Immediate,) ____

Duration of last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Aug 23 1879

Undertaker, Saml Bowers

Place of Business, 52 Division St

Martin Bruns M. D.
Medical Attendant.

Address, 52 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Averill

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 6 hrs. ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 85 E. Pratt St.

Cause of Death { First, (Primary,) Cyanosis
Second, (Immediate,)

Duration of last Sickness, 6 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemy

Date of Burial, Aug 22 1879

R. W. Mansfield M. D.
Medical Attendant.

Undertaker, Ed. S. Averill

Place of Business, 85 E. Pratt

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas H. Wright

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 22 *Years,* *Months,* 10 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Engraver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 4 N. Carolina St

Cause of Death First, (Primary.) Pulmonary Phthisis

Second, (Immediate,) Hemorrhage

Duration of last Sickness. Twelve months

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Aug 24 1879

Undertaker, D Suter

Place of Business, 49 & Fayette St

John S. Sprecher *M. D.*
Medical Attendant.

Address, No 18 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wilson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ___ *Years,* ___ *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 53 Conway St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) —

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. Ivy.

Date of Burial, August 23 ——— *M. D.*

Medical Attendant.

Undertaker, W. Harle

Place of Business, 419 Lagrange St *Address,* ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Hall Jay.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, 2 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore? Life

Place of Death, {Give street and number} No 452 Mulberry

Cause of Death { First, (Primary,) Dentition
Second, (Immediate,) Ill Summer

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, Aug 23 1879

{ *Undertaker,* J. B Cook
Place of Business, W. Balto St *Address,*

Wm Ashbridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3/1443.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 21st 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick A. Reinhard.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, *Years,* 3 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Washington Road, near Hanover Factory, Curtis's.

Cause of Death. First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 18 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus burying

Date of Burial, August 23. 1879.

Undertaker, Andrew Knill

Place of Business, 206 Columbia St.

John D. C. Kruger M.D.
Medical Attendant.

Address, City.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 3 4 4 4 4

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 23 1879 BALTIMORE

Date of Death, Aug. 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Virginia Lewis.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give street and number.} 145 S. Stricker St.

Cause of Death, First (Primary,) Paralysis.

Second (Immediate,)

Duration of Last Sickness, 2 Wks.

All the above information should be furnished by the Physician.

Place of Burial, York Pa

Date of Burial, Aug 22nd 1879

Jas. C. Hutchins M. D.
Medical Attendant.

{*Undertaker,* Geo Leinbach
Place of Business, Pratt St} *Address* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Jan 1809

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34454

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 23d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Waddleson

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ... *Years,* ..... / *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 43 N. Durham st.

Cause of Death { First, (Primary,) Convulsions
Second, (Immediate,)

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Aug 24th 79

Undertaker, M. France

Place of Business, 280 Canton Ave

Rev. Daniel M. D.
Medical Attendant.

Address, 97 N. Bradway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 21st 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Boehnke

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 2 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 18 W Pratt St.

Cause of Death {First, (Primary,) Marasmus

{Second, (Immediate,)

Duration of last Sickness, 6 wks

All the above information should be furnished by the Physician.

Place of Burial, Friendship Cemetery,

Date of Burial, 23d of August,

{*Undertaker,* Wm Poole

{*Place of Business,* 192 Baltimore St.

Geo. S Kimmon M. D.
Medical Attendant.

Address, 13 E Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 6 4 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Aug 22 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hedwig Hennigsberger

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 6 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 16 Dover st

Cause of Death, { First, (Primary.) Cholera Infantum

{ Second, (Immediate,)

Duration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Loudon County

Date of Burial, Aug 23 79

James Conlay M. D.
Medical Attendant.

Undertaker, J. P. Faulkner

Place of Business, [illegible] Address, 319 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 c t f c t 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 23 1879

Date of Death, August 23d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Max. Grehring

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Twenty four *Years,* Seven *Months,* 11 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Book Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give street and number} 27 Conway St.

Cause of Death, First, (Primary.) Morbus Bright

Second, (Immediate,) Uraemia

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery

Date of Burial, August 24th 1879

Wm Gamble M. D.
Medical Attendant.

Undertaker, Lane & Bartell

Place of Business, 61½ W. Balto St *Address,* 165 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 4 4 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Aug. 22. 79.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Hopkins

Sex, Male or Female, {Cross out the word not required in this line.} female.

Age, Years, 6 Months, Days.

Color, white.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and number.} 49 Stiles St

Cause of Death, {First (Primary,) Second (Immediate,)} Malnutrition adynamia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, August 23 1879

Undertaker, James P Byrne

Place of Business, No 63 N Front St

B. F. Grove M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34450

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21. Aug. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Smith

~~Sex, Male~~ or Female, { cross out the word not required in this line. }

Age, 18 *Years,* 7 *Months,* *Days.*

Color, W.

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } 116 E. Hughes St.

Cause of Death { First, (Primary.) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Aug 24th

Undertaker, C. H. Krause

Place of Business, 209 Hanover

A. M. Dodge M. D.
Medical Attendant.

Address, 211 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34451

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, aug 21. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} alexander Brooks

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 8 *Days.*

Color, Black

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} N° 87 Moore's al

Cause of Death {First, (Primary,) Dysentery.
Second, (Immediate,) Two weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, 22nd August

Undertaker, James Brandon

Place of Business, 71 Eutaw st

S. H. Anderson *M. D.*
Medical Attendant.

Address, Cor Pine & Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter A Steele

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 21 Hanover st

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Convulsions

Duration of last Sickness, 11 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, August 23

Undertaker, B Earle

Place of Business, 90 W Lexington St

Thos Cook M. D.
Medical Attendant.

Address, 140 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 3 c / c / 5 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maurice E Beeler

Sex, Male or Female, {cross out the word not required in this line.} M

Age, 2 *Years,* 11 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 37 Cross St

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Diphtheria

Duration of last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 24th 1879

Undertaker, Armistead Denny

Place of Business, 262 Light St

J C Burch *M. D.*
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 4 5 2 4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Slack

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 182 East. Av.

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) convulsions

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, 24th day of Aug 1879.

R. W. Mansfield M. D.
Medical Attendant,

Undertaker, Peter Frey

Place of Business, 91 Eutaw Av. *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 23 1889 BALTIMORE MD

Date of Death, Aug 23 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilia A Reed

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, {Give street and number} 70 Johnson

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, August 24

Undertaker, B. Harley

Place of Business, 411 Light St.

W. J. Eliott M.D. *M. D.*

Medical Attendant.

Address, 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Magdalena Zautz

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 26 *Years,* 1 *Month,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Nine (9) Years.

Place of Death, {Give street and number} 295. N Gaudy St

Cause of Death { First, (Primary,) Chronic Interstitial Nephritis Dropsy
, { Second, (Immediate,) Dropsy Exhaustion

Duration of last Sickness, Cause of Day Definitely

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus Com

Date of Burial, August 24, 1879

Undertaker, Henry Steck

Place of Business, 32 Hanover Ave.

D W Selby *M. D.*
Medical Attendant.

Address, 95 E Cor Eager Harlem

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 25 1879 BALTIMORE

Date of Death, August 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie A Aaron

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Her entire life time

Place of Death, {Give street and number} 57 Mulberry St

Cause of Death {First, (Primary.) Severe cold & exposure

{Second, (Immediate,) Pulmonary Consumption

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 24th

Undertaker, Geo Schlosser

Place of Business,

Raymond & Boykin M. D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ctfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32458

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 22d, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Peter Bartenbacker

Sex, Male or Female, {cross out the word not required in this line.}

Age, Single *Years,* — *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Dairyman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty Six Years

Place of Death, {Give street and number} 707 W Pratt St

Cause of Death, First, (Primary,) Chronic Dysentery

Second, (Immediate,)

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, Aug 24th 1879

Undertaker, J & B Cook

Place of Business, No 707 W Baltimore Street

J. G. Gentleman M. D.
Medical Attendant.

Address, 584 W. Hoffman St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1879

CERTIFICATE OF DEATH.

Date of Death, August 22 / 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edw. Courtney Booth

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ~~Years,~~ 2 *Months,* ~~Days.~~

Color, W. Male

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation~~,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ft Mc Henry

Duration of Residence in the City of Baltimore, 20 Mos.

Place of Death, { Give street and number } 537 W Lexington St

Cause of Death, { First, (Primary,) Marasmus / Second, (Immediate,) Ten (10) days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, Aug 24 th 1879

H. Thom M. D.
Medical Attendant.

Undertaker, H B Booth

Place of Business, No 707 W Baltimore street

Address, 379 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 6 4 6 D

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Twins - Boy & Girl - Cornelius & Ellen Murphy (Parents)

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~Years~~, One hour ~~Months~~, ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 193 Ramsey St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 193 Ramsey St.

Cause of Death First, (Primary,) Premature birth

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Aug 23rd 1879

Undertaker, Jno R Cook

Place of Business, No 707 W Baltimore Street

Undertaker by Don ~~Attd~~ M. D.
Medical Attendant.

Address, 508 W Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 4 6 1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22 - 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Twins - ~~Boy~~ Girl - no names Parents, Cornelius & Helen Murphy

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, One hour Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 193 Ramsay St.

Cause of Death { First, (Primary,) Premature birth -
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters cemetery

Date of Burial, Aug 23rd 1879

Undertaker, J. S. Cook

Place of Business, No 707 N. Baltimore street

~~Thos. From Courtney~~ -

Attest - J. Murphy M. D.
Medical Attendant.

Address, 55 W. Lyon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34462

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 23d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie Ann Harris

Sex, ~~Male, or~~ *Female,* {Cross out the word not required in this line.}

Age, Eighty one *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philada Pa

Duration of Residence in the City of Baltimore. Twenty eight years

Place of Death, {Give street and number.} No 30 Paca St

Cause of Death, {First (Primary.) Old age

Second (Immediate,) Paralysis

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician

Place of Burial, Friends Grave yard Harford Road

Date of Burial, August 24th 1879

Undertaker, Andrews & Hodges

Place of Business. No 46 Druid Hill Ave

Elias C Price M. D.
Medical Attendant.

Address 262 Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lyford Woodward

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 76 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Commission Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick County Md

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, {Give street and number} Hillen & Forrest Sts

Cause of Death {First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Fremont

Date of Burial, Aug 24

Undertaker, Blackiston & Son

Place of Business, 606 W. Balto. St *Address,*

Chas O'Donovan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ompulsorily referred to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 4 6 0 4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Russell Patterson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 1116 E. Fayette Street

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Convulsions

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Aug. 24 1879

Undertaker, M. A. Darger

Place of Business, 74 S. Broadway

Chas. D. Hand M. D.
Medical Attendant.

Address, 61 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Brown

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 32 *Years,* — *Months,* — *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 151 N. Bethel St

Cause of Death {First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 2 or 3 months

All the above information should be furnished by the Physician.

Place of Burial, Douglas S. Ch.

Date of Burial, Aug 23rd 1879

Undertaker, Thos J. Locke

Place of Business, 152 Jefferson St. *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver & Susan Watts (Parents)

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, ____ *Years,* Three Weeks ~~Months,~~ and Two *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto - Md -

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No. 97 Sarah Ann St.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Convulsions

Duration of last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Thorpe St Cemetery

Date of Burial, August 24 1879

J. Tyler Smith M. D.
Medical Attendant.

Undertaker, William N Lange

Place of Business, No 62 East St | *Address,* 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 1 4 6 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22nd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Anna Dorsey

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} N. Gilmor St. 332

Cause of Death, { First (Primary,) old age.
Second (Immediate,) Exhaustion from
Ten (10) days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery Wm H Norris — *M. D.*

Date of Burial, Aug 24th 1879 Medical Attendant.

{ *Undertaker,* John E Oldenaw *Address*
{ *Place of Business,* 319½ Penna Ave No 294 N. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Mathews

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, ~~8~~ *Years,* ~~22~~ 8 *Months,* 22 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt: City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 94 East st

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) —

Duration of last Sickness, several hours (I have not seen the child for about 24 hours)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug - 24th 1879

Undertaker, Wm. J. Bunge

Place of Business, 162 East st

L O Winkowitz M. D.
Medical Attendant.

Address, 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Bureau of Vital Statistics, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 4 6 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 22nd. '79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie E. Smith-

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* Two *Months,* ——— *Days.*

Color, Black *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City-

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and number.} No. 5- Pierce st.

Cause of Death, {First (Primary,) Congestion

{Second (Immediate,) Debility-

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery Dr. F. T. Keller M. D.

Date of Burial, August 23. 1879 Medical Attendant.

{*Undertaker,* Wm. A. Lynch

{*Place of Business,* 11 Hoken st. *Address* 89 W. Greene st-

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 23 1879 RECEIVED

Date of Death, August 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valtje Arends Female

Sex, Male or Female, {cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, (9) Nine Years.

Place of Death, {Give street and number} No 8 May Street

Cause of Death {First, (Primary,) Dyspepsia Pulmonalis

Second, (Immediate,) Marasmus.

Duration of last Sickness, Nine (9) Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co. Md.

Date of Burial, August 24th 1879

S. H. Ellis M. D.
Medical Attendant.

Undertaker, H. Hofmann & Co

Place of Business, 63 N. Edons St. *Address,* Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 4 7 1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 23rd.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice ~~Doe~~ Gordon

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female.

Age, 2 6 *Years,* ~~2 6~~ *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, All her life time

Place of Death, {Give street and number.} 14 E. Biddle St.

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, August 24 1879

{*Undertaker,* H. Hoede

{*Place of Business,* 309 N Central Ave

Ger Thayer M.D.

Medical Attendant.

Address, 418 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 344772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

(Twin.)

Date of Death, Sept 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Ellen Dorsey

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 16 *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 7 Moore's Alley

Cause of Death {First, (Primary,) Mal Nutrition Retained
Second, (Immediate,) Inanition

Duration of last Sickness, all his life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial. Sept 24th 1879 Edward Abbott M. D.
~~Attended~~

{*Undertaker,* Chas. A. White
{*Place of Business,* Granby St *Address,* Corner of Fleet & Keighstreet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 23rd 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel George Sohn Schultheis

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 16 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 159½ Mulberry St

Cause of Death {First, (Primary,) Dentition

Second, (Immediate,) Eclampsia

Duration of last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, St Paul cemetery

Date of Burial, Monday Aug 25

Undertaker, J. Schultheis

Place of Business, 159½ Mulberry St.

Louis C. Horn M. D.
Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 23. 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } J E Barkley

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 2 *Years,* 6 *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary.) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Saulsbury Md

Date of Burial, Augt 24 1879 ..... *M. D.*

Medical Attendant.

Undertaker, C. Ecklard

Place of Business, 269 Caulen av *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Frances 7510

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22 = 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Edgar Brown

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 661 W. Dayette St.

Cause of Death {First, (Primary,) Cholera Infantum

{Second, (Immediate,)

Duration of last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Aug. 23d

John Neff M. D.
Medical Attendant.

Undertaker, Blackiston & Son

Place of Business, 606 W. Balto. *Address,* 558 W. Dayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. #31476.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 21 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Kahler

~~*Sex, Male*~~ *or Female,* {cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* 5 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 675 N. Fayette St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Meningitis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, August 24th 79.

J. G. Kiechlin M. D.
Medical Attendant.

Undertaker, J. B. Blackiston & Son

Place of Business, 606 W. Baltimore St. *Address,* 584 N. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

E. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jane Six

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 47 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, Fourteen Years

Place of Death, {Give street and number} 34 S Calhoun St

Cause of Death { First, (Primary,) Tuberculosis. / Second, (Immediate,) Consumption & Lungs.

Duration of last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 25th 1879

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

W. H. Duquelin M. D.
Medical Attendant.

Address, W. Fayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 23 1879 BALTIMORE

Date of Death, Aug 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Elizabeth [illegible]

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Seven *Years,* Six *Months,* Two *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} No 201 E. Monument St

Cause of Death, {First (Primary.)} Diphtheria Fever.

{Second (Immediate.)}

Duration of Last Sickness, Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Come

Date of Burial, Aug 24th 79

{*Undertaker,* Frytag Bro

{*Place of Business,* Broadway

A. C. Poli *M. D.*

Medical Attendant.

Address No 2 N Broadway Cor Book Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superinteuding the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 23rd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine Clark

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, During life.

Place of Death, { Give street and number } 64 Orville st

Cause of Death, { First, (Primary.) ____ Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, August 24 — R. M Hall M. D. Medical Attendant.

Undertaker, S. H. Chase

Place of Business, 193 S. Howard — *Address,* 262 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 23 1879 BALTIMORE

Date of Death, Aug 23d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dennis Farran

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 40 *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seamster

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, about 12 yrs

Place of Death, {Give street and number.} 328 Union St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Bronchitis

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Shoals St Cemetery

Date of Burial, August 24

L C Skinner M. D.
Medical Attendant

Undertaker, S & H Chase

Place of Business, 195 S Howard St *Address* 41 W Camden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

...Directions for Use of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3c4481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 23 1879 BALTIMORE

Date of Death, August 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmer Eugenia Cleath

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} F

Age, ~~_____~~ *Years,* ~~_____~~ 10 *Months,* 1 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 27 Waesche Stret

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, about 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Branch

Date of Burial, Aug 24 1879

H Darby M. D.
Medical Attendant.

Undertaker, S W Chase

Place of Business, 198 Harrard St *Address,* 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 34482

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin B Rogers

~~Sex~~, *Male or* ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* ——— *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number} Gas ground Ave near North Ave

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Marasmus

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Camp Chase Balto Co

Date of Burial, Aug 24 1879

Silas N Hunter M. D.
Medical Attendant.

Undertaker, E Rodemyer

Place of Business, Ensor to

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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[OVER.]

...numbers below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34483

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgianna Saumon

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ~~~ *Years,* One *Months,* 4 *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 44 Jackson Alley

Cause of Death {First, (Primary.) Natural

{Second, (Immediate.) Convulsions

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, High St

Date of Burial, August 24

Undertaker, Purdum & Bro

Place of Business, 1 Normal Ct

H. H. Kelly *M. D.*
Medical Attendant.

Address, 158 Hanover St
Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Estella Sullivan

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, _____ *Years,* Eight *Months,* Twenty Nine *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, _____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 52 St Peters St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Inanition

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C

Date of Burial, Augt 24 1879

J. Tyler Smith M. D.
Medical Attendant.

Undertaker, J. B. Blackiston & Son

Place of Business, 606 Balt st *Address,* 231 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 34485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bohl

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and number} 412 Light St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Congestion of Lungs

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, August 25th

Undertaker, B. F. Carley

Place of Business, 411 Light St.

_____ *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...the Remarks below, also to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas F. Herold -

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 47 *Years,* 8 *Months,* 7 *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Cabinet maker & undertaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 45 years.

Place of Death, {Give street and number} 170 S. Sharp St.

Cause of Death {First, (Primary,)

{Second, (Immediate,) Phthisis Pulmonalis.

Duration of last Sickness, About 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 29th

Undertaker, Henry Brice

Place of Business, Eastaw St 81

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Daniel Clark

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 3 *Months,* 18 *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 23 Chew St.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 23 Chew St.

Cause of Death, {First (Primary,) Strangulation Diphtheria

Second (Immediate,) Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent Cemetery.

Date of Burial, Aug 24 1879

{*Undertaker,* William V Dorsey

Place of Business, No 62 East Shot

A. E. Stein, *M. D.*
Medical Attendant.

Address 190 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Fischbach

Sex, Male or Female, {cross out the word not required in this line.}

Age, 79 *Years,* 1 *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number} 208 Cross St

Cause of Death First, (Primary,) Disease of Mitral Valve of Heart

Second, (Immediate,) Odema of the Lungs

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 25th

Theodore Cook M. D.
Medical Attendant.

Undertaker, Henry Brick

Place of Business, Hamilton St 81 *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Found Aug 23rd 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Unknown

Sex, Male or ~~Female~~, { cross out the word not required in this line. } From having on pants

Age, Unknown 40 *Years,* Deceased *Months,* ~~—~~ *Days.*

Color, Unknown, Mo probably white from shape of skull

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Unknown

Occupation, Unknown

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and number } Dug up in pieces by Mud machine Foot of Eden St Back Bay

Cause of Death, { First, (Primary,) Unknown / Second, (Immediate,) Unknown

Duration of last Sickness, Must have been in water an indefinite time

All the above Information should be furnished by the Physician.

Place of Burial, E. P. C.

Date of Burial,

Undertaker, Patrick Mullen

Place of Business, No 67 Cambridge St

Edmund R Walker M. D.
Medical Attendant.

Address, Green Mt P.O.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 23rd 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Sorg

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Three (3) *Years,* *Months,* Thirteen (13) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 19 Holland Street

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,) Diphtheritis

Duration of last Sickness, Six (6) Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 25th

Undertaker, Leo Schilling

Place of Business, 1 E Cor Payson & Carlton Sts

Sig Ebert M. D.
Medical Attendant.

Address.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3 A M. August 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Roselind M. L. James

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* 11 *Months,* 27 *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Pennsylvania

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 317 E. Eager Street

Cause of Death, {First (Primary,) Pulmonary Phthisis

Second (Immediate,)

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Greene Mount Cemetery

Date of Burial, Aug 25th

Undertaker, Geo. Schilling

Place of Business,

Charles H. Thomas M. D.
Medical Attendant.

Address 85 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9 AM August 22. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 115 Vine Street

Cause of Death, {First (Primary,) Pulmonary Phthisis

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 24 " 1879

Undertaker, Theodore J. Locke

Place of Business, 73 Jefferson St

Charles H Howell M. D.
Medical Attendant.

Address 95 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonora Caulfield

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

~~Married~~ *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 148 Biddle St.

Cause of Death { First, (Primary,) Valvular dis. of heart
Second, (Immediate,) Debility

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, August 25th 1879

Undertaker, Andrews & Hodges

Place of Business, 1064 Druid Hill Ave

F. P. Keller M. D.
Medical Attendant.

Address, 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3c4494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel S. Hogenfritz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 77 Harlem Ave.

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,) Secondary Blood Poisoning

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician

Place of Burial, Balto Cemt

Date of Burial, August 26th 1879

Eldridge C. Price *M. D.*
Medical Attendant.

Undertaker, Wm. J. Andrews & Hodges *Address* 262 Madison Ave.

Place of Business, No 416 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 4 9 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 24th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katharine Burger

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 11 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} # 151 Madeira Alley

Cause of Death, First, (Primary.) Cholera Infantum.

Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 25 August 1879

John H. Rehberger M. D.
Medical Attendant.

Undertaker, John E. Hunt

Place of Business, 265 Eleventh *Address,* 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Pettit

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, six (6) *Years,* seven (7) *Months,* (17) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} No 211 South n Fourteen of Baltimore

Cause of Death, First, (Primary.) Rail Road Accident

Second, (Immediate,)

Duration of last Sickness, about one hour

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing

Date of Burial, Aug 25th 1879

Undertaker, Jas. H. Loane

Place of Business, Near Balto Fremont 805

Jno. Donald M. D.
Medical Attendant.

Address, 133 South St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 23. 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Martin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 102 *Years,* 10 *Months,* 17 *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Anne Penna.

Duration of Residence in the City of Baltimore, 50 years.

Place of Death, {Give street and number.} Cor Mt. Royal & Mun.

Cause of Death, {First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, – gradual failure no disease

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cemetery

Date of Burial, 25 August

Undertaker, F J Nauette

Place of Business, Paterson. 81.83 Mount

H A Carey Thomas M. D.
Medical Attendant.

Address 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Emma Black~~ August 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Block

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 13 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, 1 Year 10 Mo

Place of Death, {Give street and number} 174 Pierce

Cause of Death {First, (Primary,) Pertussis

{Second, (Immediate,) Eclampsia & Broncho Pneumonia

Duration of last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial Laudon Park Cemetary

Date of Burial, August 25th 1879

Louis E Horn M. D.
Medical Attendant.

Undertaker, P. Kummel

Place of Business, 317 Mulberry St *Address,* 22 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Catherine Nickerson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, Colored *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt: City.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 53 State St.

Cause of Death, { First (Primary,) Marasmus.
{ Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, August 24th 1874

{ *Undertaker,* Andrews & Hodges
{ *Place of Business,* No 46 David Hill Ave

Jno. G. Jay *M. D.*
Medical Attendant.

Address Park Ave & Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or owner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 21st 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Wiegand

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 42 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Ferryman

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Germany 17 years in U.S.

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give street and number } Harbor opposite Locust Point Ferry Wharf

Cause of Death, First, (Primary.) Accidental

Second, (Immediate,) Drowning

Duration of last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, 5th St Paul Cemetery

Date of Burial, August 25th

Edmund P Walker M. D.
Medical Attendant.

Undertaker, H. Trachlish

Place of Business, 246 Eastern Ave *Address,* Corner M P C

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 34501

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Baby Boy

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number}

Cause of Death, First, (Primary.) Cyanosis

Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 26 1872

Undertaker, Henry Snyder

Place of Business, 161 Eastern Ave

D. H. Cruse M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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No. 34502

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Fields

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 108 S. Eden Street

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 25

Undertaker, Peter Frey

Place of Business, 91 Eden St

Chas S. Mauer M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34503

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 24th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Elizabeth ...

Sex, Male or Female, { Cross out the word not required in this line. } ...

Age, 3 *Years,* 11 *Months,* and 3 *Days.*

Color, ... *Sex,* ...

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ...

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } ...

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } ...

Cause of Death, { First (Primary,) Second (Immediate,) } Acute Meningitis (Cerebro) Exciting & antecedent Convulsions

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetary

Date of Burial, August 26th 1879

M. D.
Medical Attendant.

{ *Undertaker,* Denny & Mitchell *Address*
{ *Place of Business,* 165, Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 24th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Lusby

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* — *Months,* 3 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 18 So. Eutaw.

Cause of Death, First (Primary,) Organic Disease of Heart

Second (Immediate,) Pleurisy

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, August 26th 1879

Undertaker, John Mercher

Place of Business, No 150 Lombard st

C. H. Wall M. D.
Medical Attendant.

Address No. 18 So Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34505

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24 1899

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa C. Jones

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number} 203 Columbia ave

Cause of Death {First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, 5 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 25th 1899

Undertaker, John Thacher

Place of Business, N. Eu Conduit

Geo. W. Benson M. D.
Medical Attendant.

Address, 164 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Twenty fourth (24th) August 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Walter Crumpton

~~Sex~~, *Male or* ~~*Female*~~, {cross out the word not required in this line.} Male (Baby)

Age, ——— *Years,* (5) Five *Months,* (4) Four *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 233 Conway St. Baltimore Md.

Cause of Death, First, (Primary.) Bronchitis

Second, (Immediate.) Convulsions

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Hebron B. C.

Date of Burial, August 25th 1879

Undertaker, John Mackey

Place of Business, No 150 Camden

Wm M. Nickerson, M. D.
Medical Attendant.

Address, 164 N. Arlington Cor. Harlem Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 34507

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 24th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } August Thorn

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 69 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Painter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 69 Years

Place of Death, { Give street and number } 396 W. Henry St

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) ____

Duration of last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 25-78

Undertaker, J. A. Poulson

Place of Business, 16 Fayette St.

Wm. H. Buck M. D.
Medical Attendant.

Address, 252 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

...ention to the Remarks below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Morris

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 388 Irish St

Cause of Death First, (Primary.) Teething

Second, (Immediate.) Intermittent Fever

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 26th 1879

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts *Address,* 416 Hanover St

Woodward M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 25th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mada Flora Beard

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 *Years,* 4 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } No 24 Miller St

Cause of Death { First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Bal Cemetery

Date of Burial, Aug. 26

Undertaker, Geo Shiers

Place of Business, Fulton & Baker *Address,* Broadway

W. G. Russell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 9102

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34510

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna L. M. Lauk[illegible]

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* One *Months,* Nine *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 222 S. Fremont St.

Cause of Death, First, (Primary.) ____ Second, (Immediate,) Convulsions

Duration of last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 25th

J. Tyler Smith M. D.
Medical Attendant.

Undertaker, Henry Brice

Place of Business, Hennetta [illegible]

Address, 231 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34511

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 23. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Burrough.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, Colo

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 268 McDonough St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetary

Date of Burial, August 25/879

{*Undertaker,* Charles A White / *Place of Business,* 35 Granby St} *Address* 311 E. Broadway

L. O. Gordon, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...numbers to the remarks below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Lydia Johns

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, — *Years,* 9 *Months,* 13 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number} 84 Stirling pl

Cause of Death { First, (Primary.) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial. Asbury Cemetery

Date of Burial. Aug. 25th 1879

Undertaker, Wm. H. Dauge

Place of Business, 62 East St

D. W. Cathell M. D.
Medical Attendant.

Address, 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34373,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Davis

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 11 *Days.* 22

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Belle City Lepe

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 7 Moore's Alley

Cause of Death {First, (Primary.) Fatal Nutrition Atrophy
Second, (Immediate,) Inanition

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial. Sept 26 1879

Undertaker, Jas. W. White

Place of Business, Granby St.

Thos. Hume M. D.
~~Medical Attendant.~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam'd by E. Wehrman

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34514

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gustave B. Bateman

~~Sex~~, Male or Female, {Cross out the word not required in this line.} Male

Age, Nineteen *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} High & Hillen Sts

Cause of Death, {First (Primary,) Malignant Typhoid fever

Second (Immediate,) do

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Dublin Harford County Rec'd Sept 9th

Date of Burial, Aug. 26th 1879. M. D.

Medical Attendant.

{*Undertaker,* Adam Fink

{*Place of Business,* 461 N. Gay St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34515

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 24th 1899

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Denny

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 191 E. Wolfe St.

Cause of Death, First, (Primary,) Enumeration

Second, (Immediate,) [illegible]

Duration of last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Old Catholic Cem. Cathedral Cem.

Date of Burial, Aug. 25th 99

Undertaker, Wm. Frank

Place of Business, 224 Caroline St.

James H. McShane M. D.
Medical Attendant.

Address, 61 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34516

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Edward Grace

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 1 *Months,* 20 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 77 W. Durham St (Bottle Thrush)

Cause of Death {First, (Primary,) Second, (Immediate,)} Convulsions

Duration of last Sickness, 5 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetery

Date of Burial, August 25th 1879

James A Lemmon M. D.
~~Medical Attendant.~~

Undertaker, C. & O. R. Randall

Place of Business, 278 W. Pratt St *Address,* Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wareman

No. 5[illegible]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34517

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto B Royal

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number} 158 Harford Ave

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Scarlet Fever

Duration of last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Aug 25th 1879 | Silas N Hunter M. D. Medical Attendant.

Undertaker, H C Neufeld

Place of Business, 90 Greenmount Ave | *Address,* 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32598

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 24th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Walker Gilbert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 4 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 19 Gittinge St

Cause of Death, {First (Primary,) Enteritis

Second (Immediate,)} "

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Aug 25th 1879

Undertaker,

Place of Business, 1[illegible] E. Monument St

Richd Henry Thomas M. D.
Medical Attendant.

Address Cor Eutaw & Biddle Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34519

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Olivia Adams

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} ____

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} No 220 Conway St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Cerebral Effusion

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Old Oliver Cem

Date of Burial, Aug 25th

J. C. Bruch M. D.
Medical Attendant.

Undertaker, Wm. J. Tiekner

Place of Business, 65 S. Eutaw

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 34520

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1899 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 24th 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bro Francis Bennett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, Entire Life

Place of Death, {Give street and number.} Cor Bath & Davis Sts

Cause of Death, {First (Primary.) Acute Yellow Atrophy of Liver

Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 25 1899

Undertaker, R Wayman

Place of Business, 15 Saratoga St *Address* 57 E Calhoun St

C. H. Welch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34521

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rohleder

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* Three *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} Ho 124 S Eden st

Cause of Death, {First, (Primary) Bronchitis
Second, (Immediate,) ———

Duration of last Sickness, four weeks {Have not attended the child have seen it only twice

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Bm.

Date of Burial, Aug. 26th 1879

L C Nieberwitz M. D.
Medical Attendant.

{*Undertaker,* Adam Fink
Place of Business, 461 N. Gay st.

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34552

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Edna Mc Cormick

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ~~Years~~, 3 *Months,* X *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, X

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Martin Alley No 29 All her life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Martin Alley No 29

Cause of Death, First (Primary,) Cynanche Congestive

Second (Immediate,)

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Aug. 27th 1879

Undertaker, J. Wayman

Place of Business, Saratoga St.

M. D.
Medical Attendant.

Address, 1636 Druid Ln
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34523

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday, August 25th. 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida. G. Wade.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 1 *Months,* 2 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} 33 Exeter St.

Cause of Death, First, (Primary,) Malnutrition

Second, (Immediate,) convulsions

Duration of last Sickness, 7 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 26 Aug 2 Oclock P

Undertaker, Geo. C. Modenmayer

Place of Business, 38 Lexington West

Simon Brutou, M. D.
Medical Attendant.

Address, 26 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 26, 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 20 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isadore Virginia Lee

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 8 *Months,* 24 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 49 Gilmore St

Cause of Death First, (Primary,) Tubercular Meningitis

Second, (Immediate,) "

Duration of last Sickness, Two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial. Aug 26

Undertaker, J H Cook

Place of Business. 707 West Baltimore St

W. Reguler M. D.
Medical Attendant.

Address, 1 S Hayes Calhoun St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 25th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Ruediger

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, *Years,* 9. *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 101 ~~Saratoga~~ St. Fremont

Cause of Death {First, (Primary.) Dentition
Second, (Immediate,) Meningitis

Duration of last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, August 26th

Undertaker, J. Kennedy

Place of Business, Lombard St. 317.

Louis C. Hinn M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 34326

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 26 1879 BALTIMORE

Date of Death, August 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cynthia Clifton Female

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2y

Place of Death, {Give street and number} 40 Dolphin

Cause of Death {First, (Primary,) Cold

Second, (Immediate,) Pulmonary Congestion

Duration of last Sickness, about 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Prot. Union Cem.

Date of Burial, Aug 27th 79

Undertaker, Thos. Whitely

Place of Business, 44 E. Baltimore

Address, 26 Baltimore [illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

...respectfully invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death August 25th 1879 10½ Am.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel David Fields colᵈ

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~

Age, ... *Years,* ..... *Months,* Two (2) *Days.*

Color, Dark Brown Skin

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States if of foreign birth.} No 1 Lefferman's Court Baltᵒ Cᵗʸ

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No 1 Lefferman Court

Cause of Death, First, (Primary.) Chronic Gastro Enteritis (Jaundice

Second, (Immediate.) Convulsions

Duration of last Sickness, Enteritis 5 ds Jaundice 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, Aug 26th 1879

Undertaker, P. Kummel

Place of Business, Mulberry St

N. G. Keirle M. D.
Medical Attendant.

Address, Balt Special Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

...respectfully invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 24th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Berry

Sex, Male or Female, {cross out the word not required in this line.}

Age, 39 Years, [redacted] Months, 2 Days, 22

Color, Wd.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Hvd Carrier

Birthplace, {State or country, (and how long in the United States, if of foreign birth)} Kent County Md.

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number} 148 Chestnut St

Cause of Death { First, (Primary,) Accident-
Second, (Immediate,) Pneumonia Acut-

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, August 26. 1878

Undertaker, Wm. J. Quigley

Place of Business, 62 East St

A Leyshon M. D.
Medical Attendant.

Address, 11 S. High St

Am'd, that this party was discharged from a building exposed to fire, - three weeks previous to his death. Was taken sick while in a dump. - had been treated by "Lord" 1 day & died, Post mortem examination showed Pneumonia, Acute Congestion. - Had been called in while in a dump. - last called on Sunday, & believes him a Drunkard - Physician up to the time of death, Pneumonia alone caused. Condition - Weak.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...to the Remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Jones

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 9 *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 9 days

Place of Death, {Give street and number} 89 Church St

Cause of Death, First, (Primary,) Umbilical Hernia

Second, (Immediate,) Convulsions

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 26th

Undertaker, Hercules Ross

Place of Business, 96 Conway St.

P. H. Elder M. D.
Medical Attendant.

Address, 3152 Jefferson St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34530

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 25 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George L. Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cellist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co. Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 375 Light

Cause of Death {First, (Primary,) Tuberculous Enteritis
Second, (Immediate,) Chronic Diarrhoea

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial Reisterstown Baltimore (County) by Railroad

Date of Burial, Aug 27 1879

Undertaker, W B Clark

Place of Business, 707 N Baltimore Street

H Gordon Lee M. D.
Medical Attendant.

Address, 146 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Aug 27 1879

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 23rd 1899

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Fischer

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baden (36 yrs in America

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} St J's Hospital

Cause of Death {First, (Primary,) Heart Disease / Second, (Immediate,) Syncope

Duration of last Sickness, 6 hrs.

All the above information should be furnished by the Physician.

Place of Burial, St Aphonsus (Con

Date of Burial, August 26 1899

Undertaker, Henry Meier

Place of Business, 309 Central Ave

Geo J. Corry M. D.
Medical Attendant.

Address, 1884 Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED MAY 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Scarborough Scarborough

Sex, Male or Female, {cross out the word not required in this line.}

Age, 28 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 220 Montgomery

Cause of Death First, (Primary,)

Second, (Immediate,) Phthisis

Duration of last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 27th 1879

Undertaker, Julius Kaehler

Place of Business, Harp & Evans

Preston Leith M. D.
Medical Attendant.

Address, 26 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Mattie Sorg

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One (1) *Years,* Four (4) *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 19 Holland St

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,) Diphtheritis

Duration of last Sickness, Six (6) Days

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 25th

Undertaker, Geo Schilling

Place of Business,

J M Oldham M. D.
Medical Attendant.

Address, 19 E Pratt & Lombard sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...to the remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25. 8. 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Buttner

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ... *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

~~*Occupation,*~~ ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 258 E. Pratt

Cause of Death { First, (Primary.) Cholera infantum
Second, (Immediate,) Eclampsia

Duration of last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, St. Stephens Cem.

Date of Burial, Aug 27th 79

Undertaker, A. Franz

Place of Business, 280 Eastern Ave

J. Buttner, M. D.
Medical Attendant.

Address, 258 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

...mit No. 34536

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 26. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Mullan

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 82 *Years,* ——— *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Milliner

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } United States

Duration of Residence in the City of Baltimore, Many years

Place of Death, { Give street and number. } Aged Women's Home

Cause of Death, { First (Primary,) } Old age

{ Second (Immediate,) } Chronic diarrhea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Aug. 27 /79

{ *Undertaker,* A.W. Jenkins & Son

{ *Place of Business,* 10 Light St.

H. M. Wilson M. D.
Medical Attendant.

Address 257 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 27 1879

CERTIFICATE OF DEATH.

Date of Death, August 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick McKenna

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 74 years.

Place of Death, {Give street and number} 42 S. Green St.

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Aug. 28, 1879

Undertaker, W. Jenkins Son

Place of Business, 46 Light St.

Dr. Williamson M.D.
Medical Attendant.

Address, 121 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 34587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE AUG 27 1879

CERTIFICATE OF DEATH.

Date of Death, Aug't 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josiah Dorsey

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 20 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 222 Hughes St

Cause of Death { First, (Primary.) Mal Nutrition (artificial)
Second, (Immediate,) Diarrhoea

Duration of last Sickness, 8 days

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Aug't 27th 1879

James A Steuart M. D.
Medical Attendant

Undertaker, Hercules Ross

Place of Business, Conway St | *Address,* Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by, E. Wenmann

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Catharine Rice

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 70 *Years,* × *Months,* × *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, housekeeping

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number} 87 High Street

Cause of Death {First, (Primary,) Mg Diagnosis
Second, (Immediate,) Exhaustion

Duration of last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Hebrew Cem.

Date of Burial, August 27 1879

Undertaker, Mr. J. Sybeck

Place of Business, No 64 Gough st

A Friedenwald M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health. City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Thomas Nolden

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 46 Pierce St.

Cause of Death {First, (Primary.) Cholera infantum

{Second, (Immediate.) "

Duration of last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet Cemetery

Date of Burial, Augt 28 1879

Undertaker, S. W. Chase

Place of Business, 83 S Hanover St *Address,*

F. P. Kelly *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 34540

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 26

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martin Roth

Sex, Male or Female, { cross out the word not required in this line. }

Age, 4 *Years,* 10 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 42 Randall St.

Cause of Death { First, (Primary.) Second, (Immediate,) } Cholera Infantum

Duration of last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, Aug 27th 1879

M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Harper Cross St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

Permit No. 84511

Office of Registrar of Vital

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 11 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 St. near Pratt

Cause of Death, {First (Primary,) Had diarrhea about one

Second (Immediate,) month & was not sent for

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, E B Pub Cem

Date of Burial, Aug 27

Undertaker, [illegible]

Place of Business,

..... *M. D.*
Medical Attendant.

Address. 319 [illegible] st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84542

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE AUG 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 26 1879 Baltimore

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fred E Bottman

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* 9 *Months,* 17 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 207 Hanover

Cause of Death, { First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Aug 28 79

Undertaker, C F Krause

Place of Business, 207 Hanover *Address,* 121 W Hanover St

E W Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

THOS. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ...

Permit No. 34543

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 27 1879 BALTIMORE

Date of Death, August 25th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Russell

Sex, Male or Female, { Cross out the word not required in this line. } "

Age, 43 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } "

Occupation, Machinist

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore,

Duration of Residence in the City of Baltimore, "

Place of Death, { Give street and number. } 334 334 N. Howard St.

Cause of Death, { First (Primary,) Pneumonia — Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, 12 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Park Cemetery

Date of Burial, Aug 28

{ *Undertaker,* H Cook
{ *Place of Business,* 707 W Balto St *Address*

Thomas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 34544

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ivan North

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 15 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 30 E Lexington

Cause of Death {First, (Primary,) .....
Second, (Immediate,) Scarlatina

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cem

Date of Burial, Aug 27th 1879

Undertaker, P Miller

Place of Business, ...

J. T. H. Clemens M. D.
~~Medical Attendant~~
Registered

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Filled by E H Thomas

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTIC

Permit No. 34545

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan H Gosnell

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Comm Chas St & L Charles St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Comm Chas St & L Charles St

Cause of Death {First, (Primary,) Convulsions / Second, (Immediate,)

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Aug 27th 1879

Undertaker, M C Caulbourn

Place of Business, 20 E Eutaw St

James H Chew M. D.
~~Medical Attendant.~~

Address, Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Aug 27 1879

...to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 3 4 5 4 6

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 27 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Whitten

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 87 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and number} 219 South Street

Cause of Death, First, (Primary.) Senile decay

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, August 28th 1879

Undertaker, Lemmy & Mitchell

Place of Business, 658 Broadway

Medical Attendant, Chas. E. Hauck M. D.

Address, 64 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimor

Permit No. 34547

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fill out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH
AUG 27 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Schmidt

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 4 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Infant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 284 Hanover Street

Cause of Death { First, (Primary,) Scarlatina
Second, (Immediate,) Uremic poisoning

Duration of last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 28th

Undertaker, Henry Brick

Place of Business, Henrietta St 81

E. K. Kelly M. D.
Medical Attendant.

Address, 158 Hanover St Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Board of Health, City of Baltimore,

Permit No. 34548 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27th. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Kolbardeck.

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, — *Years,* 9 *Months,* — *Days.*

Color, White, *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 257 S. Ann. St

Cause of Death, First (Primary,) Cholera Infant.

Second (Immediate,) Spasms.

Duration of Last Sickness, 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem.

Date of Burial, Aug 28th 79

Undertaker, [illegible]

Place of Business, [illegible]

D. J. Sullivan, M. D.
Medical Attendant.

Address 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 34579

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 26th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. Edward Franklin

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 00 *Years,* Fourteen *Months,* 00 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Widower~~

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 89 Patterson Avenue

Cause of Death { First, (Primary,) Whooping cough
Second, (Immediate,) Capilary Bronchitis + Convulsions

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Aug 28

Undertaker, C. W. Shryock

Place of Business, 201 Bon

Silas Baldwin M. D.
Medical Attendant.

Address, 152 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 31550

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requ so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 26th /

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Anna Eliza Ross

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* *Months,* 2 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Penn Germantown

Duration of Residence in the City of Baltimore, About twenty years.

Place of Death, {Give street and number.} 13 Hanover Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis

Duration of Last Sickness, Five months (very ill)

All the above information should be furnished by the Physician

Place of Burial, Mt. Olivet Cem

Date of Burial, August 28th

J. E. Ryland M. D.
Medical Attendant.

Undertaker, W.m J. McKim

Place of Business, 65 S. Eutaw St Address 217 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

Board of Health. City of Baltimore

Permit No. 34557

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 25

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos H. Landon

Sex, Male or Female, { cross out the word not required in this line. }

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Gilder

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, { Give street and number } 512 Lex

Cause of Death, { First, (Primary,) Pneumonia
Second, (Immediate,) Consumption

Duration of last Sickness, 9 mos

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, August 29th 1879

Undertaker, Mehrens & Hodges

Place of Business, No 46 Druid Hill Ave

R H Ellis M. D.
Medical Attendant.

Address, 315 Lex

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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KODAK SAFETY FIL

Board of Health, City of Baltimore,

Permit No. 34552

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie McClannahan Busey

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 5 *Years,* 5 *Months,* 10 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} single

~~Occupation,~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Haerlam Place

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate,) Apnoea & Albuminuria

Duration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, August 29th 1879

Undertaker, John J. Andrews

Place of Business, No 46 Druid Hill Ave.

Jno K. Linsman M. D.
Medical Attendant.

Address, 680 W. Fay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 34553

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Edgar Bussey

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months,* 26 *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Harlaxo Place Harlem & Fulton Aves

Cause of Death, {First, (Primary,) Diphtheria / Second, (Immediate,) Exhaustion & Albuminuria

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, August 29th 1879

Undertaker, Andrews & Hodges

Place of Business, No 4 & 6 Druid Hill Ave

Jno. L. Dunan M. D.
Medical Attendant.

Address, 680 W. Fay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

Permit No. 34552

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* *out.* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Katherine Baier,

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 57 *Years,* 11 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 489 Penna. Ave.

Cause of Death, First, (Primary,) Sporadic Dysentary,

Second, (Immediate,) Asthenia,

Duration of last Sickness, Twenty Days.

All the above Information should be furnished by the Physician.

Place of Burial, Pikesville

Date of Burial, Aug 29 1879

William Pickett M. D.
Medical Attendant.

Undertaker, Walter Immell

Place of Business 252 W. Biddle *Address,* 520 Penna. Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 24533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, Prostitute

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } 26 Eden Alley

Cause of Death, { First, (Primary,) Intemperance

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 23 day 4 O'clock P.M. *M. D.*

Medical Attendant.

Undertaker, George L. Kelly

Place of Business, 38 Eden Alley *Address,* 133 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 31555

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} David Ackerman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 49 *Years,* × *Months,* × *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Peddler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, four months

Place of Death, {Give street and number.} Hebrew Hospital

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Diarrhea

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Cemetery of Eden & Hebrew Congregation

Date of Burial, Aug 28th 79

Undertaker, Wm Pilan

Place of Business, 101 Gough Street

A Buchwald M. D.
Medical Attendant.

Address 88 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimor

Permit No. 34537

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 27 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie R. Oberdalhoff

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, X *Years,* 11 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 374 Saratoga St

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) Marasmus

Duration of last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Aug 28 1879

W. H. Knapp M. D.
Medical Attendant.

Undertaker, P Kenney

Place of Business, Mulberry St *Address,* 53 No. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

State of Maryland, City of Baltimore,

Permit No. 34558 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Amelia Benning

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 9 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 9 Yrs

Place of Death, { Give street and number. } 246 Mulberry St

Cause of Death, { First (Primary,) Leucocythemia / Acute Progressive Anaemia

Second (Immediate,) about 2 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 29th 1879

Undertaker, P. Kummel

Place of Business, Mulberry St *Address* 5 Franklin St.

Wm Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

Permit No. 34539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Kerz

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* 4 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} x x x

Occupation, x x x

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 290 S. Bond St.

Cause of Death {First, (Primary,) Dysentery

{Second, (Immediate,)

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetary

Date of Burial. August 28th 1879

{*Undertaker,* Leonhard Kurz

{*Place of Business,* S. Bond Str. No 272

Samuel C. Durant M. D.
Medical Attendant.

Address, 290 S. Bond Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 94560

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 27 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie L Jones

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 31 *Years,* 10 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Md & Virginia

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give street and number} 9. S. Hugh St.

Cause of Death, First, (Primary,) Catarrhal Pneumonia

Second, (Immediate,) Pulmonary Haemorrhage, Dropsy

Duration of last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Augt 28 1879

Undertaker, R. Renwick & Son

Place of Business, Howard St

Medical Attendant. M. D.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. AND be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

...to the Remarks below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 34561

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinand Weihmeller

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 23 *Years,* 6 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 242 E. Pratt St

Cause of Death, First, (Primary.) Cold,

Second, (Immediate,) Enteritis

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore (City)

Date of Burial, Aug. 29

Undertaker, [illegible]

Place of Business, [illegible]

Charles E. Cahill M. D.
Medical Attendant.

Address, 207 E. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Agnes Dautert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* One *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number.} ~~Alley~~ 196 Williams st

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea Cemetery

Date of Burial, August 28 1879

Undertaker, James P Byrne

Place of Business, 406 3 Fr Front St *Address*

A. A. Yeats M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 32363

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soonor, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Flood.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 306 Montgomery St.

Cause of Death { First, (Primary,) Meningitis
Second, (Immediate,)

Duration of last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, August 28th

Undertaker, Hercules Ross

Place of Business, 95 Broadway St.

R. J. McTall, M. D.
Medical Attendant.

Address, 15-2, S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 24564

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 28 1879 BALTIMORE

Date of Death, August 27th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Kerf

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Years, 1 Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 150 George st

Cause of Death { First, (Primary.) Cholera Inf.
Second, (Immediate,) Meningitis

Duration of last Sickness, 11 Month.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, August 29th 1879.

{ *Undertaker,* Adam Weidemeyer
{ *Place of Business,* 518 W. Baltimore St

Louis (illegible) M. D.
Medical Attendant.

Address, 296 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt 27th 1879

Full Names of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary & Thomas Brady {Parents

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* two *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 36. S. Mount St

Cause of Death {First, (Primary,) Inanition

{Second, (Immediate,)

Duration of last Sickness, all his Life

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Augt 28th 1879

Undertaker, I. B. Cooke

Place of Business, Balto St

James A Clem M. D.

Address, Commissioners + Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by E. Wiesmann

[OVER.]

...ention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 34876

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Fritz

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and number} 257 Aisquith Street

Cause of Death, First, (Primary) Cholera

Second, (Immediate,) Prostration

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, 29th August 1879

Undertaker, Wm. Nicholas

Place of Business, 251 Aisquith Street

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. S. DOLLARY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health. City of Baltimore.

Permit No. 34567

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 28

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Filz (Twin)

~~Sex~~, *Male or Female,* {Cross out the words not required in this line.}

Age, — *Years,* — *Months,* 26 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 261 N. Fremont

Cause of Death, {First (Primary,) Diarrhea

Second (Immediate,) Marasmus —

Duration of Last Sickness, 25 days —

All the above information should be furnished by the Physician.

Place of Burial, Freedom Park

Date of Burial, Sept 29 1879

{*Undertaker,* Walter Emmel

{*Place of Business,* Biddle St

L Fellowes M.D.
Medical Attendant.

Address, 87 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

...Health Department of Baltimore,

Permit No. 32458

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 27 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hughe Duffy

Sex, Male or Female, {Cross out the words not required in this line.}

Age, *Years,* *Months,* 5 *Days* 12

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 29 W. Lee St.

Cause of Death, {First (Primary,) Fever cerebro-spinal

Second (Immediate,) Infantum

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Aug 28 1879

Undertaker, Henry Hoerle

Place of Business, N. Central Av *Address,* 121 Aisquith St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a Full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3451/9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 28 1879 BALTIMORE

Date of Death, August 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Asa Higgins

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Eighty Eight 88/ *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Retired Mariner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bath Maine

Duration of Residence in the City of Baltimore, Fifty-two years

Place of Death, {Give street and number} No 53 North Caroy St

Cause of Death { First, (Primary.) Advanced Age

, { Second, (Immediate,) Paralysis

Duration of last Sickness, Most two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, August 29th 1879

Undertaker, Jno H. Weaver

Place of Business, 422 W Fayette St

Jno. Lingenfelter M. D.
Medical Attendant.

Address, 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE AUG 28 1879

CERTIFICATE OF DEATH.

Date of Death, August 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Arnold

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* Eleven *Months,* Thirteen *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 81 Jefferson St

Cause of Death, First, (Primary,) Dysentery & Remittent Fever

Second, (Immediate,) Exhaustion

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 28th 1879

Undertaker, Theodore J. Cooper

Place of Business, 13 Jefferson St

Mitchell Kinsey M. D.
Medical Attendant.

Address, 116 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTING AND STATIONERY.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 28 1879 BALTIMORE

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Dan[illegible]

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 11 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Aug 28th 1879

Undertaker, Theodore J. Locks

Place of Business, 336 Hillwood Av

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT AUG 26 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patrick Laurent Dahoe

Sex, Male or Female, { cross out the word not required in this line. }

Age, 73 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Somerset Co., Md County Tomasuttes America

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Asylum of the Little Sisters of the Poor Cor. John and Valley Sts

Cause of Death { First, (Primary.) Consomption Exhaustion Second, (Immediate,) }

Duration of last Sickness, a few months

All the above information should be furnished by the Physician.

Place of Burial, Holy St. Vincent's Cemetery

Date of Burial, Aug: 28th 1879

Undertaker, ~~Henry Schaeffer~~ John Thacker

Place of Business, 140 150 Camden St

F. A. Dame M. D.

Medical ~~Attendant~~.

Address, Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Jane Hauer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Forty-four *Years,* Six *Months,* Eighteen *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ~~Single~~

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 205 N Calhoun St

Cause of Death, {First (Primary.) Cancer of the Uterus

{Second (Immediate,)} " " " "

Duration of Last Sickness, About two years

All the above Information shou'd be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, August 30 1879

Elias C Price M. D.
Medical Attendant.

{*Undertaker,* J. B Cook *Address* 262 Madison Ave

{*Place of Business,* N Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

[OVER.]

Permit No. 34594

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 29 1879 BALTIMORE

Date of Death, August 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen C. Wahne

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 49 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married, Single,*~~ *Widow* or ~~*Widower*~~, {Cross out the words not required in this line.} Widow

Occupation, Huckster

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 114 E Biddle st

Cause of Death, {First (Primary,) Softening of Brain / Second (Immediate,) Apoplexy

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 29th 1879

{*Undertaker,* H. Hoeck & Sons / *Place of Business,* Central ave

Supplied — *M. D.*
Medical Attendant.

Address 133 N. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 28th 1874

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. F. Jones

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.} Male

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philada, Pa. Seven Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 262 Eastern Avenue

Cause of Death {First, (Primary.) Paralysis

{Second, (Immediate,)

Duration of last Sickness, Four Years

All the above information should be furnished by the Physician.

Place of Burial, Phila, Penna

Date of Burial,

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway

C. J. Way M. D.
Medical Attendant.

Address, 19 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Form 15 15

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Avenia

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St. Michael, Md.

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, {Give street and number} 85 E. Pratt

Cause of Death { First, (Primary.) Acute Phthisis
Second, (Immediate,)

Duration of last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial Balto. Cemetery

Date of Burial, August 30th 1879

{ *Undertaker,* Denny & Mitchell
Place of Business, 45 S Broadway.

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the daty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 29 1879 BALTIMORE

Date of Death, Aug. 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Smith

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 171 S. Hughes St.

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Lutheran

Date of Burial, August 30th

P. P. Dodge M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Scott st *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 5 7 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Warner

Sex, Male or Female, {cross out the word not required in this line.} (manner)

Age, One 11 *Years,* Eight *Months,* Six *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 42 Eutaw

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, Five (5) Days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Aug 30 1879

Undertaker, Chas F Thomas

Place of Business, 37 Hoyt St *Address,* 133 Scott

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 34579

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 29 1879 BALTIMORE

Date of Death. Aug 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Burkison Cole

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* One *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 336½ N. Howard St

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,) " "

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Druid Ben

Date of Burial, August 29/879

Undertaker, W H Madden

Place of Business, 335 N Howard

Edwd G Price M. D.
For Dr. J. J. Bell Medical Attendant

Address 262 Aliceanna Ave

Dr. Bell is out of Town. I have not seen or prescribed for the child

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 34580

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHQUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Unknown (found Aug 28 1879)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* One *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Unknown

Cause of Death, { First (Primary,) Unknown
Second (Immediate,) —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, E P C

Date of Burial,

{ *Undertaker,* P Mullin
{ *Place of Business,*

N. C. Leland *M. D.*
Medical Attendant.

Address Coroner E. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Howard Slaughter

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, *Years,* *Months,* 5 *Days.* 12

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 73 S. Dallas St

Cause of Death {First, (Primary,) Pneumonia
Second, (Immediate,)

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, Aug. 30th 1879

Undertaker, H. Rieger

Place of Business, 45 Gay St.

Dr G. S. Kummer M. D.
Medical Attendant.

Address, 1173 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31582

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th August 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ~~Elizabeth~~ Clark

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 18 *Years,* *Months,* 11 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } New York

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, { Give street and number } 108 Bond St

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Rahway N.J.

Date of Burial, Aug. 30. 1879

Undertaker, M. A. Dwyer

Place of Business, 746 S. Broadway

H. W. Webster Jr. M. D.
Medical Attendant.

Address, 57 Barnes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Barnes 1516

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24583

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosetta M. Hawkins

Sex, Male or Female, {cross out the word not required in this line.} .....

Age, 61 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug. 29 1879

Undertaker, M. A. Dargin

Place of Business, 74 S. Broadway

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28 Aug

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Lewis

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } no 4 Powell Alley

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } no 20 Powell Alley

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Isaac Warren *M. D.*
Medical Attendant.

Address, Cor Lemmon & Stricker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3/585

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 28, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Dougherty.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland, 25 yrs

Duration of Residence in the City of Baltimore, 19 yrs

Place of Death, {Give street and number} 877 S. Eutaw.

Cause of Death { First, (Primary,) Scrotica. Second, (Immediate,) Hemiplegia. (2) Days Months to my knowledge

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St. Vincent Cem

Date of Burial, Aug 30th 1879

W. P. Morgan M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St *Address,* 175 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26 August 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, House 3 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) His child was premature Birth

Second, (Immediate,) at 6½ mon. - Death from debility

Duration of last Sickness, from Birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Rose

Date of Burial, Aug 29. 1879

Martin Brown M. D.
Medical Attendant.

Undertaker, Daniel Bowen

Place of Business, 153 Division St. *Address,* 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

...Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 1 5 8 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 29th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Randal Evans

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 78 *Years,* 2 *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Restaurant Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number} No. 96 St Mary St.

Cause of Death { First, (Primary,) ... Heart-disease
Second, (Immediate,) ... Three months

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial Winchester, Va.

Date of Burial Aug 30th 1879

Wm. Whitridge M. D.
Medical Attendant.

Undertaker, Wm James Gray

Place of Business, 65 Mulberry st *Address,* ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transf'd 1517

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31588

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Smith

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 11 *Years,* 7 *Months,* 29 *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No. 33, N. Washington St.

Cause of Death { First, (Primary,) Typhoid Malaric Fever

Second, (Immediate,)

Duration of last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Aug 30 1879

Undertaker, Thos F Bro

Place of Business, Broadway

Wm. E. Cunnell M. D.
Medical Attendant.

Address, Broadway & Fleet St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31589

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 28th '79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Jackson

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 350 West. St.

Cause of Death { First, (Primary,) / Second, (Immediate,) Consumption of Lungs.

Duration of last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, August 29th

Undertaker, Charles Ross

Place of Business, 95 Conway St.

R. J. H. Tull M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31590

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Millspaugh

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, One *Years,* *Months,* Twenty-one *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 229 Eastern Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Mount Samuel Cem.

Date of Burial, Aug. 29 1879

Undertaker, Henry Lauter

Place of Business, 205 Eastern Ave

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 3 / 5 9 1

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Augt. 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. Simms

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 8 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 8. Paca ally

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 48 Parish ally

Cause of Death, First, (Primary.) Tussis Neonatorum

Second, (Immediate,) ____

Duration of last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 30th 1879

Undertaker, Andrew Lutz

Place of Business, 118 Druid Hill Ave

G. W. Sims M. D.
Medical Attendant.

Address, 6 Stricker Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATIS...

Permit No. 31597

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 29th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nellie A. Shipley

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, ~~Years~~, 2 Months, 16 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balti. Md

Duration of Residence in the City of Baltimore, 2 Mos 16 Days.

Place of Death, { Give street and number } N. W. Cor Stricker & Columbia Av

Cause of Death, First, (Primary,) Remittant Fever

Second, (Immediate,) Four (4) days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 31st 1879

Undertaker, F. Ellis & Son

Place of Business, 109 N. Howard

H. L. Slicer M. D.
Medical Attendant.

Address, 37 E. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34593

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Augt 28th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nancy Jane Thomas

Sex, ~~Male or~~ Female, { cross out the word not required in this line. } Female

Age, [illegible] *Years,* [illegible] *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, [illegible]

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 262, Montgomery St

Cause of Death { First, (Primary,) / Second, (Immediate,) Spasms

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mary St. Cem'y

Date of Burial, Augt 29 1879

Undertaker, Owens Turbitt

Place of Business, 228 S. Eutaw St

James Stinson M. D.
Medical Attendant.

Address, Commissioners of Health & Registra

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by E. Wainwright

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 24594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Quinn

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 39 *Years,* ___ *Months,* ___ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Linnen

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 39 yrs

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Chronic Alcoholism
Second, (Immediate,) Asthenia

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral by

Date of Burial, 29. August 1879

Undertaker, James P. Byrne.

Place of Business, 63 N. Front St.

David Smith M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 34595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hartman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Consumption (Tuberculosis
Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Aug. 30th 1879.

Undertaker, Adam Stink

Place of Business, 46 N. Gay St.

Oscar J. Mc Henry M. D.
Medical Attendant.

Address, 1881 Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 34596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 29 1879 BALTIMORE

Date of Death, Aug 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Gustard

Sex, Male or Female, {cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, 2 yrs & over

Place of Death, {Give street and number} House of The Good Shepherd

Cause of Death { First, (Primary.) Pulmonary Consumption / Second, (Immediate,)

Duration of last Sickness, 11 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Aug 30th 1879

Undertaker, J. B. Cook

Place of Business, 707 W. Balt

Edwd F. Mechlin M. D.
Medical Attendant.

Address, 279 N. Lond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31397

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1879 BALTIMORE

Date of Death, August 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Raymond

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give street and number.} 352 W Pratt st near Pacca st

Cause of Death, {First (Primary,) Cholera Infantum

{Second (Immediate.) Pure Asthenia

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Aug 30th 1879

F Edward Kirby M. D.
Medical Attendant.

Undertaker, Jno S Hacker

Place of Business, 130 Camden St *Address* No 24 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 3418 98 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1879 BALTIMORE

Date of Death, Aug. 29/79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman E. Thiemeyer

Sex, Male or ~~Female.~~ {Cross out the words not required in this line.} Male

Age, ____ *Years,* ____ *Months,* ____ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, 5 days,

Place of Death, {Give street and number.} 268 Mulberry St.

Cause of Death. {First (Primary,) possibly Hydrocephalus - but may} {Second (Immediate,) Convulsions,

Duration of Last Sickness, about 12 hours,

All the above information should be furnished by the Physician.

Place of Burial, German Lutheran Druid Hill Park

Date of Burial, August 30th 1879.

Undertaker, Adam Weidemeyer

Place of Business, 518 N. Baltimore St.

H. H. Letterhoff M.D.
Medical Attendant.

Address, 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 24599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *as soon as possible after death has occurred*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1879 BALTIMORE

Date of Death, August 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} ~~Unnamed~~ David W Tyler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, Months, Half Four Days. (Pounds)

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 157 South Green St Balto. Md,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 157, South Green St, Balto. Md.

Cause of Death, {First (Primary,) Premature

{Second (Immediate,) Seven Months

Duration of Last Sickness, lived half hour

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Aug 30 th

{*Undertaker,* F. N. Troll

{*Place of Business,* #131 Hanover St

Wm H Vickerman M. D.
Medical Attendant.

Address 164 N. Arlington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 31600 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Warner

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Gentleman

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 3 Madison Ave

Cause of Death, {First, (Primary.) Old Age

{Second, (Immediate,) Chronic Diarrhea

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sept. 1st 1879

Undertaker, A. W. Jenkins & Son

Place of Business, 16 Light St

Geo. Williams M. D.
Medical Attendant.

Address, 121 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

Permit No. 34601

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Otto

Sex, Male or Female, {cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, {Give street and number} 182 Hughes

Cause of Death, First, (Primary,) Scarlatina Maligna

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill cem

Date of Burial, August 31

R. W. P. Edes M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light *Address,* 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31602

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *as soon as possible after death*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, unless sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 29 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert S Tilley Hyder

Male (Parents

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* *Months,* 3. Days ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 243 Hanover St Montgomery

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, 30. August.

Undertaker, Jos. Krafft,

Place of Business, 243 Hanover street.

J G Hamberger M.D.
Medical Attendant.

Address, 203 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 34603

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu... out.* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1879 BALTIMORE

Date of Death, August 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fulton Emory Brady

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 448 W. Fayette St.

Cause of Death { First, (Primary,) Marasmus
Second, (Immediate,) Convulsions

Duration of last Sickness, One month -

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Aug 30th 1879

Undertaker, J B Cook

Place of Business, No 70 170 Baltimore Street

John Neff M. D.
Medical Attendant.

Address, 508 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 3 4 1 0 1 4

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 29: 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. Melville

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, 2 Years.

Place of Death, { Give street and number } 79 Amity St.

Cause of Death, { First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, Three (3) Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Aug 30th 1879

Undertaker, J B Cook

Place of Business, No 707 N Baltimore Street

H. L. Gue M. D.
Medical Attendant.

Address, 37 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 34605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsie May Schall

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, Two *Years,* Nine *Months,* Twenty Eight *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} N. W. Cor Broadway & Fayette St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, York Pa

Date of Burial, Aug 31

Wm H Cudmore, M. D.
Medical Attendant.

Undertaker, Fly & Bro

Place of Business, 54 N Broadway *Address,* No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1518 Hanover

[OVER.]

Board of Health, City of Baltimore

Permit No. 32606

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 30 1874

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Birdie Bartell

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 15 Brown St

Cause of Death, {First, (Primary.)

{Second, (Immediate,) Spasms

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet | Signature

Date of Burial, August 31st | Gordon Battle M. D.

Medical Attendant.

Undertaker, C. B. Hanlon

Place of Business, 71 Light St. | *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 24607

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if req so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Duncan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 80 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow or~~ Widower. {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kelso Scotland

Duration of Residence in the City of Baltimore, About 50 Years

Place of Death, {Give street and number.} In 359 Lanvale St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pericarditis

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, Aug 31 1879

Undertaker, Thos. J Hughes

Place of Business, Address 60 E Baltimore St

Pembroke H. Trimble M. D.
Medical Attendant.

No 20 E Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 34608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1879 BALTIMORE

Date of Death, Aug 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Smith Collins

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 8 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Oyster Shucker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number} City Hospital

Cause of Death {First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Marasmus

Duration of last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, August 31st 1879

Undertaker, James D Byrne

Place of Business, No 63 N Front St

David Shuell M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 34609

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 29. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Susan Neily

Sex, Male or Female, {cross out the word not required in this line.}

Age, fifty three *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cumberland Co Pa

Duration of Residence in the City of Baltimore, eight years

Place of Death, {Give street and number} 38 Mc Elderry st

Cause of Death, First, (Primary,)

Second, (Immediate,) Hemorrhages of the lungs

Duration of last Sickness,

All the above luformation should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 31st 79

John D. Litzer M. D.
Medical Attendant.

Undertaker, George Schilling

Place of Business, Oakland Square *Address,* 160 Saratoga street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No: 3-4610 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 4th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Barbara Keller

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 5 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } 28 Cook St.

Cause of Death, First, (Primary.) Inanition

Second, (Immediate,) Diarrhoea

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 31st 1879

Undertaker, C. F. Krause

Place of Business, 209 Hanover

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 34617

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1879 BALTIMORE

Date of Death, Aug 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} M. G. Harris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, Col'd *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Bury St N 037

Cause of Death, { First (Primary,) Typho-Malarial Fever
Second (Immediate,)

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 30th 1879

{ *Undertaker,* Abraham Naman
{ *Place of Business,* 13 Saratoga St

O'Mahon *M. D.*
Medical Attendant.

Address No 38 Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 34612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DE... AUG 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Schaub

Sex, Male ~~or Female~~ {cross out the word not required in this line.}

Age, 62 *Years,* 9 *Months,* 4 *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria 33 Years

Duration of Residence in the City of Baltimore, 33. Years

Place of Death, {Give street and number} 56. Carlton St

Cause of Death {First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Aug 31 1879 James A. Steuart M. D.

~~*Medical Attendant.*~~

Undertaker, P. Fennimore

Place of Business, Mulberry St *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd by E. Fennimore

[OVER.]

Board of Health, City of Baltimo

Permit No. 24613.

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1879 BALTIMORE

Date of Death, Augt 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McGlone

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 16 Vincent St. between McHenry & Ramsay Sts

Cause of Death { First, (Primary,) Scrofulous / Second, (Immediate,) Chronic Inflammation

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Augt 31st 1879

Undertaker, L. B. Cook

Place of Business, 74 Balto St

James A. Clemm M. D.

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd by E. Waumann

[OVER.]

Board of Health, City of Baltimore

Permit No. 34614

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Stevens Jr

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ——— *Years,* 10 *Months,* 11 *Days.*

Color, White

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} 36 E. Eager St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Sept 1st 1879

Silas H. Hunter M. D.
Medical Attendant.

Undertaker, Geo. Pedrunger

Place of Business, [illegible] St

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 34615

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of s... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Adolph Plaitner

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, ——— *Years,* 15 *Months,* — *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland Balto city

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 188 Lexington St

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,) Consumption

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, August 31. 1879

Undertaker, Henry Meyer

Place of Business, 106 N Howard St.

H. Nelson *M. D.*

Medical Attendant.

Address No 8 No 8 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 34616

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Aug 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Talley

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* One *Months,* 26 *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Chestnut No 9

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Indigestion

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Lone Cemetery

Date of Burial, Aug. 30

E. A. Baldwin M. D.
Medical Attendant.

Undertaker, Gordham Wyman

Place of Business, No 13 Bond St *Address,* 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 34617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 30 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } M. A. E. Chas. H. Dockins

Sex, Male ~~or Female~~, { cross out the word not required in this line. } Parents

Age, ——— *Years,* ——— *Months,* 27 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 509 W. Fielding St near Gist St

Cause of Death, { First, (Primary) / Second, (Immediate,) } Indigestion

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergr

Date of Burial, Oct 31 1879

Undertaker, C. C. White

Place of Business, Granby St

Jas. A. Allen M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd by. E. Wenman

[OVER]

Permit No. 31618

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Meyers

Sex, Male or Female, {cross out the word not required in this line.}

Age, *Years,* 9 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 188. Constitution St

Cause of Death First, (Primary.) Teething

Second, (Immediate,) A Convulsion

Duration of last Sickness, Half hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 30th 1879

Undertaker, Wm. H. Deuge

Place of Business, 162 East St

Wm Whitridge M. D.
Medical Attendant.

Address, Cor Read & Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 32619

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certific
out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 30th August 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nicholas Kearney.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years.* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out words not required in this line.} *Sex,*

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, Sixty Years

Place of Death, {Give street and number.} 63 Fulton St

Cause of Death, {First (Primary.) / (Second (Immediate.)} Consumption

Duration of Last Sickness, Eight months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, Sept 1st 79

{*Undertaker,* Jos F. Byrne
Place of Business, 5 N. Liberty St

Geo. W. Collins, *M. D.*
Medical Attendant.
Address Richmond St & Park Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 20 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Cannis

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 67 Patterson Avenue

Cause of Death, First, (Primary.)

Second, (Immediate,) Marasmus

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co. Md

Date of Burial, Sept 1 '79

Undertaker, Armsby Bros

Place of Business, 223 Light St

of 1000 Eutaw Pl

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

1879

Date of Death, August 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H Wolf

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* ~~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ~~~

Place of Death, {Give street and number} #28 Johnson St

Cause of Death, {First, (Primary,) Marasmus

Second, (Immediate,) Croup

Duration of last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept 1st 1879

H. B. Todd M.D.
Medical Attendant.

Undertaker, Jessie Kochler

Place of Business, Manf & Cem

Address, 17 Warren Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Morris

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 2419 E Shore

Cause of Death, First, (Primary,) Marasmus Exhaustion

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 31 th 1879

Undertaker, C. Eckhardt

Place of Business, 269 Canton Ave

J Rodgers Price M. D.
Medical Attendant.

Address, 121 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34623

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 30 / 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Antrim Worton

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ... *Years,* ..... 11 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, ... [illegible]

Place of Death, {Give street and number} 55. N. Durham st.

Cause of Death { First, (Primary,) Cholera infantum

{ Second, (Immediate,) .....

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Brnard's

Date of Burial, Aug 31

Undertaker, [illegible]

Place of Business, 344 Broadway

[illegible] M. D.
Medical Attendant.

Address, 2 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Milburn

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days.*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 14 Rock st

Cause of Death, First, (Primary,) Scarlet Fever.

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Aug 31st 1879

H Darling *M. D.*
Medical Attendant.

Undertaker, Jno B Smith

Place of Business, 1070 W Baltimore Street

Address, 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 30. 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Harrington

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ~~Horse~~ Mariner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Accomac Co. Va. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 344 E. Lombard St.

Cause of Death First, (Primary,) Cerebral apoplexy

Second, (Immediate,) Coma

Duration of last Sickness, Twenty four hours,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Aug. 31 1899

Undertaker, M. A. Dwyer

Place of Business, 748 Broadway

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31626

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 30 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Johnson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, black

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number} 232 Hamilton

Cause of Death, First, (Primary.)

Second, (Immediate,) Apoplexy

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem. by

Date of Burial, Aug 31 1879 Taylor Coale *M. D.*

Medical Attendant.

Undertaker, C. Peters

Place of Business, No 19 S. Howard St. *Address,* 46 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29 Augt 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary M. Miller

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 yrs. 7 mo

Place of Death, {Give street and number.} Cor Pine & Baltimore

Cause of Death, {First (Primary,) Diptheria / Second (Immediate,) Debility

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary Jno L Brewer M. D.

Date of Burial, Augst 31st 1879 Medical Attendant.

{*Undertaker,* Philipp Seevald *Address* 258 W Fayette St

{*Place of Business,* 35 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} .....

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} .....

Cause of Death, { First (Primary,) ..... Second (immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician

Place of Burial, Saint Mathias Cemetary

Date of Burial, August 31st 1879

{ *Undertaker,* Ludwig Lefler
{ *Place of Business,* 57 Eastern Ave

..... *M. D.*
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie F Lyons

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 28 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 84 N Holliday

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Sept 1st 1879

Undertaker, James Byrne

Place of Business, Front St

Geo R Reynolds M. D.
Medical Attendant.

Address, 43 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DUFLANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Green

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 183 N Bond Street

Cause of Death, First, (Primary.) Debilitation

Second, (Immediate,) Cerebral Apoplexy

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore East

Date of Burial, September 1

Undertaker, Wm H Diehl

Place of Business, 68 N Broadway

Louis A Blaud M. D.
Medical Attendant.

Address, 68 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34631

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 30 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 24 S. Howard St.

Cause of Death, First, (Primary.)

Second, (Immediate,) Hemiplegia

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept. 31 1893

Undertaker, E. Hale

Place of Business, 711 Light St. *Address,* 24 S. Howard St

Medical Attendant. *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Wesley Allen

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* 10 *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 31st 1874 ..... *M. D.*
Medical Attendant.

Undertaker, A. McKewan Son

Place of Business, 82 N. Bal[illegible] *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34633

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 30th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Gunther

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 20 *Years,* 4 *Months,* 17 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since Born

Place of Death, {Give street and number} 14 So. Durham st.

Cause of Death First, (Primary,) Typho-malarial fever

Second, (Immediate,)

Duration of last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Sept 1 1879

Undertaker, Henry Flook

Place of Business, 209 Carroll Av *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, August 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Smith -

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto, Md -

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 140 Conway St.

Cause of Death { First, (Primary,) Second, (Immediate,) Scarlet Fever -

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Sept 1st 79 | R. J. N. Tall *M. D.* Medical Attendant.

Undertaker, E. Stockhausen

Place of Business, Light St | *Address,* 152 Shaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 31635

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 31, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Brewster

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* two — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 42 O'Donnell St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Convulsions. —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, 1st September

Undertaker, Edward E. Bell

Place of Business, Elliot St 91

S. C. Delaunt. M. D.
Medical Attendant.

Address Coroner, E. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie M Lippert

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 9 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 46 Division St.

Cause of Death { First, (Primary.) Diphtheria / Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, September 2nd 1879

Undertaker, Andrew Seitz

Place of Business, 118 Druid Hill Ave

H H Keller M. D.
Medical Attendant.

Address, 89 N Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 30th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emanuel Linderton

Sex, Male or ~~Female~~, {erase out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 509 N Gay

Cause of Death, First, (Primary,) Explosion of R R Torpedo

Second, (Immediate,) Internal Hemorrhage

Duration of last Sickness, 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, Harr Scenery Cemetery

Date of Burial, Sept 1st 1879

Edmund Rowlett M. D.
Medical Attendant.

Undertaker, Wm. Elam

Place of Business, 101 Gough St

Address, Coroner M P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 24138 REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 30. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml. & Eliza Litchfield.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Foetus of about six ~~Years~~, Months, lived an hour ~~Months~~, Days.

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 311 McDonough St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Premature Birth.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, September 1st 1879

L. C. Gordon, M. D.
Medical Attendant.

{*Undertaker,* Samuel Litchfield / *Place of Business,* 311 McDonough St} *Address* 311 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 4 6 3 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Gaylord

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 3 *Months,* 4 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 15 Shute's Ct

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Cellulitis

Duration of Last Sickness, 4 or 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 1st

Undertaker, John W. Sykes

Place of Business, 107 Pratt St

Chas. H. Mott M. D.
Medical Attendant.

Address, 107 West St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Yent

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 50 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 12 N. Spring St

Cause of Death, {First (Primary,) chronic Diarrhea

{Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County Wm. N. Hill *M. D.*

Date of Burial, Sept. 1st Medical Attendant.

Undertaker, H. Faust *Address* 31 & 33 Bond St

Place of Business, 29 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan M. Claudie

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, For Life

Place of Death, {Give street and number} 189 N. Caroline St

Cause of Death {First, (Primary.) Typhoid Fever
Second, (Immediate,)

Duration of last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sep 2d 1879

Undertaker, C. L. Rosenay

Place of Business, 97 Orleans

[illegible] M. D.
Medical Attendant.

Address, 137 Caroline E

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34642

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 30th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. Hiles

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number.} 26, York St - Baltimore Co.

Cause of Death, First (Primary,) Rock or Baltimore Co.

Second (Immediate,) Cirrhosis of Liver.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Hampden, Md.

Date of Burial, Sept 1st 79

Undertaker, Edward McCurley *Address*

Place of Business, 35 Park Ave

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} .....

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} .....

Cause of Death, First, (Primary,) .....

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ... *Address,* .....

..... *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34654

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gerard H Reese

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Grocer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Montgomery Co Md

Duration of Residence in the City of Baltimore, 53 years.

Place of Death, {Give street and number} Harlem & Arlington aves

Cause of Death {First, (Primary,) Apoplexy

Second, (Immediate,) Paralysis

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Friends Burial ground Harford road

Date of Burial, September 2nd 1879

Undertaker, Hy. W. Jenkins & Son

Place of Business, 16 Light St.

Thomas Shearer M. D.
Medical Attendant.

Address, 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 of 6 of 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Kaldenberg

Sex, Male or Female, {cross out the word not required in this line.} Male Kaldenberg

Age, 0 *Years,* — *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Penn Pa

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 47 Watson Court

Cause of Death, First, (Primary.) Teething

Second, (Immediate,) Pneumonia

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, Sept 1st

C. A. Montgomery M. D.
Medical Attendant.

Undertaker, Thomas Linder

Place of Business, 252 Lombard

Address, 25 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health. City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 of 6 of 6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Dierozon

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 0 *Years,* 8 *Months,* 0 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Vine Street Nr 62

Cause of Death, First (Primary,) Summer complaint

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 1 September

Undertaker, Walter Immel

Place of Business, 252 W Biddle St

A. F. Reinhard M.D.
Medical Attendant.

Address, 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emmer Virginia Hoseman

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 24 *Years,* ——— *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Housewife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. City Md.

Duration of Residence in the City of Baltimore, 100 yrs. life

Place of Death, { Give street and number } 56 Stockton St

Cause of Death { First, (Primary,) Typho-Malarial fever
Second, (Immediate,) Diarrhoea & Exhaustion

Duration of last Sickness, 3 weeks & 3 days.

All the above Information should be furnished by the Physician.

Place of Burial, Louden Park.

Date of Burial, September 2. 1879

Undertaker, Walter Emmit

Place of Business, 252 W. Pratt *Address.*

D. Christian M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24648

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow, Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ... *Y. D.*

Date of Burial, ...

Medical Attendant.

Undertaker, ...

Place of Business, ... *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

THOS. J. C. DUGANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34649

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1st

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John L. Reed

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 *Years,* 1 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 114 East Ch

Cause of Death, { First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Albert

Date of Burial, September 2nd

Undertaker, Mr B. Harley

Place of Business, Light St

R K Reed M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER}

Permit No. 34650

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 1. 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Burgett Bucks Milo

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixteen *Years,* — *Months,* — *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Va

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Fort Allen near Md Ln

Cause of Death, {First (Primary,) Malarial Fever, 7

Second (Immediate,)

Duration of Last Sickness, 7 Days.

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial,

Undertaker, P Mullin

Place of Business,

D. C. Ireland, M. D.
Medical Attendant.

Address Coroner E. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24651

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31st 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ijams

~~Male or Female~~, {Cross out the words not required in this line.}

Age, 90 *Years,* Five *Months,* *Days*

Color, White

~~Married, Single, Widow or~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} ~~Frederick County.~~ Frederick County.

Duration of Residence in the City of Baltimore, Seventy two years.

Place of Death, {Give street and number.} 180 Mulberry Street.

Cause of Death, First (Primary,) Diarrhea

Second (Immediate,) Congestion of Brain from exhaustion.

Duration of Last Sickness, Ten days

All the above Information should be furnished by the Physician.

Place of Burial, Lauden Park Cem

Date of Burial, Sept 2nd

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw

E Hayes M.D.
Medical Attendant.

Address, 816 N Liberty Street.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva K Scholleau

Scholliau

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 7 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation,~~ .....

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number} 68 Washington Ave

Cause of Death, {First, (Primary,) Phthisis

Second, (Immediate,) .....

Duration of last Sickness, Seven (7) Years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Sept 2d

Undertaker, H. Bergman

Place of Business, 45 E Lexington St

H. L. Fuller M. D.
Medical Attendant.

Address, 37 & 39 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34653,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lily Hegeman

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* ... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 61 Cross St.

Cause of Death {First, (Primary.) Pneumonia

Second, (Immediate,) ...

Duration of last Sickness, 36 hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, September 1st 1879.

Undertaker, Philipp S. Dice

Place of Business, 183. Columbia Ave

Louis Blum M. D.
Medical Attendant.

Address, 226 Lurman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34654

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 1 1879

CERTIFICATE OF DEATH.

Date of Death, Aug 31 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura C. Carroll

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, At H

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balti.

Duration of Residence in the City of Baltimore, Ever

Place of Death, {Give street and number} 16 Pine Edward St

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 1st 1879

{*Undertaker,* M Coull Bros

{*Place of Business,* N. Howard St

David Stull *M. D.*
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34655

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Bailz

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, Colrd

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} E. S. Va

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number} 185 Dover st

Cause of Death {First, (Primary,) Hemorrhage of Bowels

Second, (Immediate,) 3 Weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Sept 1. 1879

Undertaker, Chas A. White

Place of Business, 35 Granby st

Geo. H. Bonsal M. D.
Medical Attendant.

Address, 104 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS, 9

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday ~~September~~ August 31st. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Leahie

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 80 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} County Monthan, Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} # 45 Hillman St.

Cause of Death, First, (Primary.) Malarial Fever & Bronchitis

Second, (Immediate,) Old age

Duration of last Sickness, Six Days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 1 Sept. 4 Oclock P.M.

Undertaker, George C. Ordemanger

Place of Business, 38 Druid Hill Ave.

Wilmer Brinton M. D.
Medical Attendant.

Address, 269 N. Carrollton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...of this Certificate.

Board of Health, City of Baltimore,

Permit No. 34657

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann R. Brown

Sex, Male or Female, {cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balti City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 16 E. Central Ave

Cause of Death, {First, (Primary,) Cancer of Liver

Second, (Immediate,)

Duration of last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balty. Cemetery

Date of Burial, Sept 1st 1879

Undertaker, Wm. H. Buchman

Place of Business, 234 N. Gay St.

H. H. White, M. D.
Medical Attendant.

Address, 341 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-... deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[0742]

KODAK SAFETY FILM

Permit No. 34658 # 34658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 30. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cassady

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color,

~~Married~~ ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Greencastle Pa.

Duration of Residence in the City of Baltimore, many years

Place of Death, {Give street and number.} 290 Lamvale St.

Cause of Death, {First (Primary.) Phthisis

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, Sept 2nd 1879

Undertaker, Wm. C. Lickman

Place of Business, 234 N. Gay St

H M Wilson M. D.

Medical Attendant.

Address 257 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Selby

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years~~, ~~Months~~, 19 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 222 N Caroll st

Cause of Death, {First (Primary,) Second (Immediate.)} Pneumonia Lung (3 days) Convulsions Lung birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, 2nd Sep 1879

Undertaker, H McCurtis & Son

Place of Business, * 16 Light St

A D Haslett M. D.
Medical Attendant.

Address 523 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 34660

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William N. C. Turnbull

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 4 *Years,* *Months,* 14 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt° City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} # 284. E. Balt° St

Cause of Death, {First (Primary,) Enteritis

{Second (Immediate,) 2. Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemitry F. F. Williams M. D.

Date of Burial, Sept 2nd 1879 Medical Attendant.

{*Undertaker,* Denny & Mitchell *Address* 71. Franklin St

{*Place of Business,* 653 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34661

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wells

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 55 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.)} Boston Mass

Duration of Residence in the City of Baltimore, during 55 years

Place of Death, {Give street and number} 363 E. Baltimore St.

Cause of Death {First, (Primary.) Asthenia
Second, (Immediate,) ——}

Duration of last Sickness, Unknown

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sept 2nd 1879

C. J. Bray M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 155 Broadway *Address,* 191 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24662

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Septbr 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Ewolf

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* 1 *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grocers clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, Twenty years or more

Place of Death, {Give street and number.} No 7 Clark st

Cause of Death, {First (Primary,) / Second (Immediate,)} Phtysis

Duration of Last Sickness, About two years

All the above information should be furnished by the Physician.

Place of Burial, Manchester, Carroll Co Md

Date of Burial, Sept 2 1879 C. G. Elliott M. D.
Medical Attendant.

Undertaker, Thos Roethel

Place of Business, 15 N Gay

Address 289 W Fayette st

Ewolf has not been under my professional care for nearly a year

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Barrett 1520

Permit No. 34663

VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1st September 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Justis Staffel.

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 29 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Wife & Mother.

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Richmond Va.

Duration of Residence in the City of Baltimore, About 15 years.

Place of Death, { Give street and number. } No 8 Jackson's Court near Rock St.

Cause of Death, { First (Primary.) Tuberculosis. / Second (Immediate,) Pulmonary Tuberculosis. (Cavities.)

Duration of Last Sickness, about 12 Months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, September 3 rd.

{ *Undertaker,* John Kreuzig.
{ *Place of Business,*

Wm C Van Bibber — M. D.
Medical Attendant.

Address 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 31st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Maslin

Sex, ~~Male~~ *Female,* { cross out the word not required in this line. }

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Annapolis Md

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, { Give street and number } # 97 Goodmans alley

Cause of Death { First, (Primary,) Teething
, { Second, (Immediate,) Diarrhoea

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, St Pauls St. Cem'y

Date of Burial, Sept 1st 1879

James F Scarff M. D.
~~Medical Attendant.~~

Undertaker, Jacob Davis

Place of Business, Let St

Address, Penny & Heath Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by C. Wareman

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eli Smith

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 30 *Years,* 1 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number} 22 Montgomery

Cause of Death, {First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial, Sept 2 1879 Wroten [illegible] *M. D.*

Medical Attendant.

Undertaker, Jacobs Koehler

Place of Business, Cross St. | *Address.* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 34666

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 1. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Four *Years,* ——— *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ———

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} Foot Eastern Av.

Cause of Death, {First (Primary,) Drowning

Second (Immediate,)

Duration of Last Sickness, ———

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus. Cem.

Date of Burial, Sept. the 2 cd., 1879

Undertaker, Jas Brown

Place of Business, No 291 S. Durham St

W. C. Adams M. D.
Medical Attendant.

Address Broadway E. of

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leopold Donatuce

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* One *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 217 N. Fremont St

Cause of Death, First, (Primary.) Gastro Enteritis

Second, (Immediate,) Cerebral Inflamation

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Sept 3rd 1879

James Steuart M. D.

Undertaker P. Kummett

Place of Business, Mulberry St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman (07 ?)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 31

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Crist

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Retired

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 27 Geo St.

Cause of Death, First, (Primary,) Cardiac Dropsy

Second, (Immediate,) Congestion Lungs

Duration of last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount P

Date of Burial, Sept 2d 1879

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw *Address,*

S. T. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Anna Bond

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 6 *Years,* *Months,* 3 *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Port Deposit Maryland

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number} no 10 Harford Avenue

Cause of Death {First, (Primary,) Scrofula

Second, (Immediate,) Exhaustion & Sore

Duration of last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 2nd

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St

H. L. Russell *M. D.*
Medical Attendant.

Address, Bradley & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Jane Coleman

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* 11 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} B C

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 314 Williamson St

Cause of Death, First, (Primary,) Malnutrition

Second, (Immediate,) Enteritis

Duration of last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y.

Date of Burial, September 3rd

_____ *M. D.*
Medical Attendant.

Undertaker, H. B. Harley.

Place of Business, 411 Light St.

Address, 3132 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Office of Registrar of Vital Statistics.

Permit No. 34671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew A. Green

Sex, Male or Female, {cross out the word not required in this line.} M

Age, 60 *Years,* 3 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Carriage Manufacturer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 225 Townsend st

Cause of Death First, (Primary.) Cerebral Abscess

Second, (Immediate,)

Duration of last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial, Sept 3

Undertaker, J B Eccles

Place of Business, 707 West Baltimore *Address,*

D. P. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Wm. J. C. Dulany & Co. City Printers and Stationers.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 12 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Katharine Krieglman

~~*Sex, Male or* Female,~~ { cross out the word not required in this line. }

Age, ——— *Years,* 20 *Months,* ——— *Days.*

Color, White.

~~*Married, Single,* Widow or Widower,~~ { Cross out the word not required in this line. }

~~*Occupation,*~~ ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number } 481 Orleans St

Cause of Death { First, (Primary,) Epilepsia
, { Second, (Immediate,) Brain's cond.

Duration of last Sickness, 8 days

—All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept. 13 & 14.

{ *Undertaker,* John Hennig.

{ *Place of Business,* 382 Orleans St. *Address,* 245 S. Eutaw

Hutchins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 6 7 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Jefferson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* one *Months,* ~~ *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number} 119 Chestnut alley – Treats Inf Asy

Cause of Death {First, (Primary.) Teething

{Second, (Immediate,) Convulsions

Duration of last Sickness, 3. days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Sept 2nd 1879

John Allen M. D.

~~Medical Attendant.~~

Undertaker, A. Waymans

Place of Business, Saratoga St *Address,* Comm & Pleasant & Regester

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DELANY & CO., CITY PRINTERS AND STATIONERS.

Exam by E. Wenning

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 2 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Ann Margaret Frederick

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ~~Sixty Four~~ Years, Seven Months, Thirty ~~One~~ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, {Give street and number} No. 258 North Eden St.

Cause of Death, {First, (Primary,) Cancer of the Breast
Second, (Immediate,)

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Sept 3 1879 Wm H Chudmen M. D.
Medical Attendant.

Undertaker, M a Dugan

Place of Business, Broadway Address, 1102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 2nd 1875

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant McE Brown Parents

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} William St

Cause of Death { First, (Primary.) Premature Birth and Debility
Second, (Immediate,) Want of Proper Sustenance

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 2d 1875

Undertaker, Armstrong & Son

Place of Business, 263 Light St

Lat Bell M. D.
Medical Attendant.

Address, 162 E. Pleasant St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Andrews

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 187 West St

Cause of Death, {First, (Primary,) Cerebral Inflammation / Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 2nd 1879

Undertaker, Hercules Ross

Place of Business, Conway St

Address, Corner of Hall & Treyer

James Steuart M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E. Warren Coroner

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Eaton

Sex, Male or Female, {cross out the word not required in this line.} M.

Age, 4 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Albemarle & Fawn

Cause of Death {First, (Primary,) Cholera Morbus

{Second, (Immediate,) Convulsions

Duration of last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, Sept 2nd 1879

Undertaker, Jas P Byrne

Place of Business, 63 Grant *Address,* 186 Aisquith St

H. T. Reynolds *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20. September 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Hahn

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 10 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number} E. Lombard Street 108

Cause of Death, First, (Primary.) Aneurism Aortae

Second, (Immediate,) Exhaustion

Duration of last Sickness, seven months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cem'y

Date of Burial, 22 Sept 1879

Undertaker, Peter Frey

Place of Business, 91 Exeter St

William Henkel M. D.
Medical Attendant.

Address, E. Pratt 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3679

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 1st 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar A. Howser

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Six *Years,* four *Months,* Twenty nine *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 591 Lexington

Cause of Death, First, (Primary,) "Scarlet Fever"

Second, (Immediate,) "Dropsy"

Duration of last Sickness, Last sickness dropsy 13 days – Scarlet Fever

All the above information should be furnished by the Physician. Did not attend

Place of Burial, Loudon Park

Date of Burial, Sept. 3d 79

Undertaker, Denny & Mitchell

Place of Business, 530 Fayette St

G. L. Smithson M. D.
Medical Attendant.

Address, 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clinton Bird

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Much 65 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Gen'l Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queen Anne Co Md

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number} Hollins above Calvert

Cause of Death, First, (Primary.) Bright Disease

Second, (Immediate,)

Duration of last Sickness, About 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Sept 3rd

Undertaker, Hercules Ross

Place of Business, 95 County St.

Geo L. Keyser M. D.
Medical Attendant.

Address, 223 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34681

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 30

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Caroline Brooks

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 36 *Years,* *Months,* *Days.*

Color, Col

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Wash woman

Birthplace, {State or country (and how long in the United States, if of foreign birth} Kent County Md.

Duration of Residence in the City of Baltimore. 12 years

Place of Death, {Give street and number.} 2 Jew alley

Cause of Death, {First (Primary.) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, About 1 year.

All the above Information should be furnished by the Physician

Place of Burial, Sharp St Cemetery

Date of Burial, September 5th 1879

C. H. Lauff *M. D.*
Medical Attendant.

{*Undertaker,* Wm. Jas. Gray

Place of Business, 65 Hillen St

Address 4 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Corcoran

Sex, Male or Female, { cross out the word not required in this line. } ~~Female~~

Age, 1 *Years,* 6 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, ~~Duration of Residence in the City of Baltimore~~

Place of Death, { Give street and number } 368 Light St
Capillary Bronchitis

Cause of Death { First, (Primary.) ..... Second, (Immediate,) .....

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Sept 3rd

D. O'Shaughnessy M. D.
Medical Attendant.

Undertaker, C B - J Carter

Place of Business, 441 Light St.

Address, 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 2 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Green

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 32 Eutaw St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Ft. Olyphants Cem. City

Date of Burial, Sept. 3d

Thomas Goth M. D.
Medical Attendant.

Undertaker, J. B. Healy

Place of Business, 411 Light St.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 346814

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 2. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Buchanan

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* Six *Days.*

Color, Cold

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 31 Sterling St.

Cause of Death {First, (Primary,) Croup,

{Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, Sept 3d 1879

Undertaker, Wm. H. Dempsie

Place of Business, No 62 East, st.

56 Bond

M. D.
Medical Attendant.

Address, 178 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann O'Connor

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 109 N Caroline St

Cause of Death, First, (Primary.) Intermittent fever with delirium

Second, (Immediate.) Injuries from a fall

Duration of last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, ST Vincents Cemetery

Date of Burial, Sept 4/1879

Milton N Taylor M. D.
Medical Attendant.

Undertaker, Jas L Byrne

Place of Business, 634 N Front St *Address,* Broadway & Mc Elderry.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Jane Murphy

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 48 Hanford av

Cause of Death, { First (Primary,) Peritonitis

Second (Immediate,)

Duration of Last Sickness, 34 Hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 3rd 1879

{ *Undertaker,* James D Byrne

{ *Place of Business,* No 63 N Front St *Address* 157 Aisquith St

E Hall Rudolph M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 3rd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Gunther

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 *Years,* 2 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, 2

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 2

Place of Death, { Give street and number } 122 Lee st

Cause of Death, { First, (Primary.) Spasms

Second, (Immediate,)

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 4th

C. Godden Gorter M. D.
Medical Attendant.

Undertaker, Chas Bond

Place of Business, Lombard 81 *Address,* 166 S Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 3 1879 BALTIMORE

Date of Death, Sept 2 nd 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hentis

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cigar - Maker.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Milan Germany. 23 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 117 N. Wiet 2d

Cause of Death {First, (Primary.) Phthisis. Second, (Immediate,)} 3 months.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H Olyshouses Lot

Date of Burial. Sept 4, 1879

Undertaker, Henry Flock

Place of Business, 30 Fleet Ave

Edward P. Mendeck M. D.
Medical Attendant.

Address, 137 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Jane Mansfield

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 74 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Dressmaker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 157 E. Pratt, near Caroline

Cause of Death, { First (Primary,) / Second (Immediate,) } Bronchial disease

Duration of Last Sickness, about 18 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet cemetery

Date of Burial, Sept 4th 1879

Jno M. Gall M. D.
Medical Attendant.

{ *Undertaker,* Denny & Mitchell *Address* 126 E. Pratt
{ *Place of Business,* 65 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Hughes

Sex, Male or Female, {cross out the word not required in this line.} F.

Age, Years, 7 Months, Days.

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 292 E. Fayette St.

Cause of Death {First, (Primary.) Marasmus

{Second, (Immediate.)

Duration of last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemy

Date of Burial, Sept 3 1879

Undertaker, P. Mullin

Place of Business,

H. F. Reynolds M. D.
Medical Attendant.

Address, Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 3d 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Sexton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Long Green Balto Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 657 N. Exington

Cause of Death, {First (Primary,) Dipthenia Maligna

Second (Immediate,)

Duration of Last Sickness, 3 Days —

All the above information should be furnished by the Physician.

Place of Burial, Ner. Cathedral.

Date of Burial, 4th Sept 1879

Undertaker, W.H. Jenkins Son

Place of Business, 16 Light St.

A D Sexton *M. D.*
Medical Attendant.

Address 1243 Exington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* six *Months,* *Days.*

Color, Colored *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City Bnelo Lafayette

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 47 Vincent St

Cause of Death, { First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, All his life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery A. C. Shriner *M. D.*

Date of Burial, Sept 3d 1879 Medical Attendant.

{ *Undertaker,* Wm N. Lunger

{ *Place of Business.* N. 62 East St *Address* 41 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattina Johnson

Sex, ~~Male~~ Female, {cross out the word not required in this line.}

Age, ~~_____~~ 1 Years, 3 Months, 27 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ~~Ba~~ Philadelphia Pa

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number} 58. Mc Elderry St

Cause of Death, First, (Primary.) Mal Nutrition

Second, (Immediate.) Marasmus

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergr

Date of Burial, Sept 3rd 1879

Undertaker, W. M. Duncan

Place of Business, East St

I saw Allen M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman (OVER.)

KODAK SAFETY FILM

Board of [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Dickerson

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queen Annes County Md

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} No 12 Chestnut st

Cause of Death {First, (Primary,) Bright's Disease

Second, (Immediate,)

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 9th 1879

Undertaker, Thos. C. Dunger

Place of Business, 1062 East, 81 *Address,* Broadway & Gardiner st

H. L. Russell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 of 695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 3d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Herring (Herring)

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 135 Low St.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Scarlet fever

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Sept 3 1879

E. G. Baldwin M. D.
Medical Attendant.

Undertaker, A Finkl

Place of Business, ____ *Address,* 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Health Department, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Mary's Co Md

Duration of Residence in the City of Baltimore, 0 yrs

Place of Death, {Give street and number.} 411 N. Eden St

Cause of Death, {First (Primary,) Paralysis

{~~Second (Immediate.)~~ with Cerebral Hemorrhage

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Sept 4th 1879

Dr. A. Hiss *M. D.*
Medical Attendant.

{*Undertaker,* Thos. J. Lyles

{*Place of Business,* 73 Jefferson St *Address* 311 N. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 3d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Mallone

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and number} 881 W Balto st.

Cause of Death { First, (Primary,) accidental, fell from a window.
Second, (Immediate,) sudden death,

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Sept 5th 1879

Undertaker, John H. Weaver

Place of Business, 422 W Fayette st

Geo C Q L Comm M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Stewart

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 53 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Scotland 9 years

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} City Hospital

Cause of Death {First, (Primary,) Lobar Pneumonia / Dysentery

Second, (Immediate,) Asthenia

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, E. Balt. Public Cemetery

Date of Burial, Sept 3. 1879

Undertaker, P. Mullin

Place of Business, Cambridge

David Arnell M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 2nd. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles F. Sues,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, white,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Can maker,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 167 N. Mark. St.

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) Exhaustion

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, Sept 5th 1879

H. G. Lusk M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 652 S Broadway *Address,* Balt. & Park. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 7 0 0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE SEP 4 1879

CERTIFICATE OF DEATH.

Date of Death, Sept. 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Lilly

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and number} 237 Front St. - opposite Clinton St.

Cause of Death, First, (Primary.) Brights Disease

Second, (Immediate.)

Duration of last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, E Public Cemetery

Date of Burial, Sept 4th 1879

Undertaker, P. Mullen

Place of Business, Cambridge St

E. B. Fenby M. D.
Medical Attendant.

Address, 319 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

SEP 4 1879 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna M. L. Burke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* this Day, Sept 3rd *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 41 Years

Place of Death, {Give street and number.} 16 Market Place

Cause of Death, First (Primary,) Organic Disease of the Heart & Nervous System

Second (Immediate,)

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 1879

Undertaker, James D Byrne

Place of Business, No 63 N Front St *Address* 5 Franklin St

John Morris, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 34702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Septr 2. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* 6 *Months,* 27 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or~~ Widower, {Cross out the words not required in this line.}

Occupation, Capitalist

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Harford Co. Maryland

Duration of Residence in the City of Baltimore, Nearly 81 years

Place of Death, {Give street and number.} 127 McCulloh St.

Cause of Death, {First (Primary,) Old age / Second (Immediate,) Coma}

Duration of Last Sickness, Confined to bed about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Sept 4th 1879

Undertaker, A.W. Jenkins & Son

Place of Business, 16 Light St.

Dr Casey Thomas M. D.
Medical Attendant.

Address 919 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34703,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd '79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Davis

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 49 *Years,* 4 *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Huckster

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} ~~Maria a polen~~ Res Chas near Hollins R E Station B Town

Cause of Death, First, (Primary,) ~~Cerebral Congestion~~ Maria a polen

Second, (Immediate,) Cerebral Congestion

Duration of last Sickness, 2 or 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 4th

Undertaker, Fry & Son

Place of Business, 54 So Broadway

Edmund Walker M. D.
Medical Attendant.

Address, Corner Mt & D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Leighman

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 55 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grain Measurer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Edelon Talbot Co Md

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 207 Hamburg Street

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Sept 4 1879

Undertaker, A. H. Chase

Place of Business, 70 Howard St

Jno. F. Brown M. D.
Medical Attendant.

Address 49 Leadenhall Str City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 3 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Georg Recklenwald

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* seven *Months,* six *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } 51 s Wolfe ste

Cause of Death, First, (Primary,) Cholera infantum

Second, (Immediate,) ____

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, September 4th 1879

Undertaker, Wendel Dibel

Place of Business, Bond near Bank

John J. Litzer M. D.
Medical Attendant.

Address, 160 Saratoga ste

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 34706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 3d 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jefferson McCabe

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 56 *Years,* (about) *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Steamboat Caterer & Steward

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 171 N. Eden St.

Cause of Death, { First (Primary.) Softening of Brain / Second (Immediate,) }

Duration of Last Sickness, About 14 months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Sept 5th 1879

{ *Undertaker,* Theodore Lehr / *Place of Business,* 3 Lexington St }

A. E. Stein, M. D.
Medical Attendant.

Address 95 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Conrad Eckes

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 25 Eastern Street

Cause of Death, First, (Primary,) Gastro-Enteritis

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sept 5th

Undertaker, [illegible]

Place of Business, [illegible]

Louis C. Mohaw M. D.
Medical Attendant.

Address, 25 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 317018

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Swann

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 10½ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery and Child's Hospital

Cause of Death, First, (Primary,) Ceatantal Pneumonia.

Second, (Immediate,) ____

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Sept 4

Undertaker, C W Blizzard

Place of Business, 201 Penna ave

C. F. Brun M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 7 0 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2nd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Johnie ~~W~~ Kain

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* ____ 6½ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~

Occupation, ~

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore, Life?

Place of Death, { Give street and number } Nursery & Child's Hospital

Cause of Death, First, (Primary.) Mal. Nutrition.

Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 4

Undertaker, C. W. Blyzard

Place of Business, 201 Pleasant *Address,*

C. F. Bryan *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3[illegible]10

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 1 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Rapp

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 39 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, House wife

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, { Give street and number. } 24 McKim st.

Cause of Death, { First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Seven months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Agatha's Cem. Wm Hamilton Cullen M. D.

Medical Attendant.

Date of Burial, Sept 5. 1879

Undertaker, Henry Roth *Address* 51, Aisquith St.

Place of Business, 309 Centre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lily Linda Lloyd

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One 11 *Years,* Ten (10) *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Born

Place of Death, {Give street and number} 92 E Lexington St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Convulsions

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 3rd 1879

Undertaker, John Thacher

Place of Business, No 150 Camden

Saml D. Blake *M. D.*
Medical Attendant.

Address, 133 South St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Ward

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5-6 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widowed~~ Widower, {Cross out the word not required in this line.}

Occupation, Fireman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number} 1 Gough St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 5th 1879

Geo. R. Reynolds M. D.
Medical Attendant.

Undertaker, Hen. W. Meals

Place of Business, N. Gay St *Address,* 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DOLLEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 34713

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 3d 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Reuls

Sex, Male or Female, { cross out the word not required in this line. } ——

Age, 1 *Years,* —— *Months,* —— *Days.*

Color, wht

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ——

Occupation, ——

Birthplace, { State or country, and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 198 Eastern Ave

Cause of Death, First, (Primary) ——

Second, (Immediate,) Convulsions

Duration of last Sickness, Twelve hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Sept 4th

Undertaker, H. Enchlich

Place of Business, 246 Eastern Ave

Chas. H. Ernst M. D.
Medical Attendant.

Address, ——

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Elis Lupe

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~———~~ *Years,* ~~———~~ *Months,* 2 1 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 1814 Pierce St

Cause of Death, First, (Primary,) Mal Nutrition

Second, (Immediate,) Inanition

Duration of last Sickness, 2 wks to life Febris

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Sept 4th 1879

Thos A Glenn M. D.
Number Attended.

Undertaker, D. Kepnuck

Place of Business, 317 Mulberry St *Address,* Corner of Exeter & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E. Warnick

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

(OVER.)

Permit No. 3747

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George C. Wagner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Fourteen *Years,* Six *Months,* Twenty-four *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 30 Fox & Ry near Leadenhall St.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, Twenty-two days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 7th 1879

Undertaker, Philipp S. Dill

Place of Business, 183 Columbia Av

Dr Lucien A Burdett M. D.
Medical Attendant.

Address 47 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 3 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Grossmann

Sex, Male or Female, {cross out the word not required in this line.}

Age, 20 *Years,* 10 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 91 Wolf St.

Cause of Death First, (Primary.) Typho-Malarial Fever

Second, (Immediate.)

Duration of last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 5th

Undertaker, John Harvey

Place of Business, 352 Canton Av.

J. H. Callenberg. *M. D.*
Medical Attendant.

Address, 357 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hurtient

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male Infant

Age, 2 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 111 Columbus St

Cause of Death, First, (Primary.) Malarial Fever & Debility

Second, (Immediate,) Intemperate

Duration of last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Sept 5 th 1879

Undertaker, C. F. Krauss

Place of Business,

Warren Smith M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 34718

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 4 1879 BALTIMORE

Date of Death, Sept 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Rhine

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 37½ Cross Street

Cause of Death, First, (Primary,) Mal Nutrition

Second, (Immediate,) Spasms

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 4th 1879

Undertaker, Saml W. Chase

Place of Business, Howard St

Thos F Sleeman M. D.

Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E. Henderson

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7 Dec 1879 (4th)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Haynes

Sex, Male or Female, {cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Roscamen (Ireland)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor. of John and Valley Sts

Cause of Death { First, (Primary.) Consomption 2 Phanton
Second, (Immediate.)

Duration of last Sickness, a few months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 7 Dec. 5th 1879

Undertaker, Henry Schellhaus

Place of Business,

J. D. Wane M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 4: 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Brandle

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 67 S. Broadway

Cause of Death First, (Primary,) Typhoid Fever,

Second, (Immediate,) Intestinal Hemorrhage,

Duration of last Sickness, Twenty days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 6th

Undertaker, John Harvey

Place of Business, 54 Edmonds St.

G. G. Kuck M. D.
Medical Attendant.

Address, Balt. & Paul. Pls.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it farther enacted and ordained. That whenever any person shall die in the said city, it shall be the ...of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...h within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...rth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per...ased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ANY • CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Glover

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* three *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 123 N Washington st

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ———

Duration of last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, September 5th.

Undertaker, John Hennig

Place of Business, 552 Orleans St.

L. C. Kinderwitt M. D.
Medical Attendant.

Address, 92 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 4th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Miller

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 10 *Years,* 10 *Months,* 7 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Boy

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number} 5 Watson St

Cause of Death, {Ftrst, (Prtmary,) Incontinence of Urine
Second, (Immediate,) Dropsy & General Adynamia

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cem.

Date of Burial, 6th September

Undertaker, Mitchell & Leach

Place of Business, 3 Bank

Alexr Thorburn M. D.
Medical Attendant.

Address, 11 E. Eight St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[0742.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4 the 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lillie May Down

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 3 *Years,* 4 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 411 Fen Av.

Cause of Death { First, (Primary,) Scarletina / Second, (Immediate,) Diptheria

Duration of last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, September 5th 1879

Louis Dohlman M. D.
Medical Attendant.

Undertaker, Andrew Seitz

Place of Business, 118 Druid Hill Av. *Address,* 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3 "M'd" 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen McSwain

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 28 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 56 Lexington St.

Cause of Death, First, (Primary.) Tuberculosis of Lungs.

Second, (Immediate.) ____

Duration of last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, September 5th

Undertaker, Mr. — Rosenberg

Place of Business, 127 New Church St

Wm Riley M. D.
Medical Attendant.

Address, 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Schneider

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 1 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltr. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 41 Lancaster st.

Cause of Death { First, (Primary,) True Croup

Second, (Immediate,)

Duration of last Sickness, 3 days.

All the above Information should be furnished by the Physician.

Place of Burial, St Mathews Cemetery

Date of Burial, Sept 6th 1879

Undertaker, C. Eckhard

Place of Business, 269 Canton Ave

P. G. Lauch M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1979 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Parker

Sex, Male or Female, {cross out the word not required in this line.} .....

Age, / *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} St

Cause of Death, First, (Primary.) .....

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept. 5th 1879

Undertaker, Wm. H. Dunger

Place of Business, 15 & 17 East St.

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Henry Allen Jr.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cecil Co Md.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} Nursery and Child's Hospital

Cause of Death, First, (Primary,) Mal-Nutrition

Second, (Immediate,) ____

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Sept 6th 79

Undertaker, F. F. Naumyth

Place of Business, Saratoga St

C. F. Braun M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 5 1879

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, Male or Female, {cross out the word not required in this line.}

Age, [illegible] *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Gun

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number}

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,)

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Sept 5th

Undertaker, L. Davis

Place of Business, 103 Lee St

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER}

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

DAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 7 2 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo Vandine

Sex, Male or Female, { cross out the word not required in this line. }

Age, 32 *Years,* 2 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Carpenter

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 308 N Stricker St

Cause of Death, { First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, about 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park,

Date of Burial, Sept. 6th 1879,

R K Sneed M. D.
Medical Attendant.

Undertaker, R. E. Dill

Place of Business, 183 Columbia ave *Address,* 324 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER}

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Olga Thomas

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 20 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary.) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Dallis st Cemetery

Date of Burial, sept 5.

Undertaker, J Thod J. Locke

Place of Business, 13 Jefferson st

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 3d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eddie Sanders

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} male

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 13 City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 89 Rose Alley

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Sept 6 79

Undertaker, Geo Lobb

Place of Business, 73 Jefferson St

Irving Miller M. D.
Medical Attendant.

Address 179 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, ... City

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Albert Dwight Lawrence

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* Seven *Months,* 11 *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 6th Septr. 1879 ..... *M. D.*

Medical Attendant.

Undertaker, Wm. Sheckard

Place of Business, 258 Alice Anne *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Mahon

Sex, Male ~~or Female~~, {cross out the word not required in this line.} ~~18 Year~~

Age, 18 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, In Life

Place of Death, {Give street and number} 88 Holland St

Cause of Death { First, (Primary,) Typhoid Fever
Second, (Immediate,) 21 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Sept 6th

Undertaker, Roy Bro

Place of Business, 674 W Baltimore *Address,* 137 Holland St

J. J. Lupo M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary.) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, Sept 5th "

..... *M. D.*
Medical Attendant.

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 4 — 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hermann Volkar —

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 35 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Farmer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany —

Duration of Residence in the City of Baltimore, About 1 Month —

Place of Death, { Give street and number. } Lynch & Jones, Infirmary N Broadway

Cause of Death, { First (Primary,) Pneumonia — Second (Immediate,) ——

Duration of Last Sickness, 5 Weeks ——

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, September 6th 1879

{ *Undertaker,* Ambrose Kohler
{ *Place of Business,* 211 E Lombard St

S. B. Slavin M. D.
Medical Attendant.

Address Lynch & Jones
Infirmary N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml Katz

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 62 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, Butcher

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 103 Aisquith

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate,) Paralysis

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Hebron Cemetery

Date of Burial, Sept 7th 1879

Undertaker, Wm Edau

Place of Business, 101 Gough St

Thos D. Amdt M. D.
Medical Attendant.

Address, 7 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline M Pherson

Sex, Male or Female, {cross out the word not required in this line.} Femal

Age, 70 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married Widow.

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore 24 years

Place of Death, {Give street and number} No 37 Druid Hill Ave

Cause of Death First, (Primary.) Softening of Brain

Second, (Immediate,) Exhaustion

Duration of last Sickness, Three week

All the above information should be furnished by the Physician.

Place of Burial, St Vincent

Date of Burial, Sept 6 1899

Undertaker, John C Josdon

Place of Business, Park Ave 63

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 34738

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 3-79 Robt T Hastings

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Washington

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} In 27 Richmond Alley

Cause of Death, First (Primary,) Cyanosis

Second (Immediate,)

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Sept 5th 1879

Undertaker, John G Jordan

Place of Business, Park Ave 63

J G Hamlin M. D.

Medical Attendant.

Address 203 W Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 34739

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. King

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number} 164 Sterling St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, Sept 6th

Silas M. Hewitt M. D.
Medical Attendant.

Undertaker, Wm Jordan

Place of Business, Park St. & E

Address, 36 Gaccuut Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34740 34740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene C. Bourne

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 22 *Years,* 1 *Months,* ~ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Shoe Fitter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} A. A. Co. Md

Duration of Residence in the City of Baltimore, 18 mos

Place of Death, {Give street and number} 54½ Hanover St

Cause of Death First, (Primary.) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial Anna Arundel Co. Md

Date of Burial, Sept 7th

Geo W. Penn M. D.
Medical Attendant.

Undertaker, F. N. Ifrill

Place of Business, 431 Hanover St *Address,* 431 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. [illegible] OFFICE OF REGISTRAR OF VITAL STATISTICS.

34741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE SEP. 6 1879

CERTIFICATE OF DEATH.

Date of Death, Sept. 5. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Baker Randall

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 9 *Months,* 5 *Days.*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 363 Druid Hill Ave.

Cause of Death, {First (Primary.) Hepatitis & Jaundice 8 days. Second (Immediate,) Exhaustion from Gradual Transition of Tissues}

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, Sept 7th. 1879

Undertaker, Stewart & Mercer

Place of Business, 35 Park Ave

Jno. T. Powell, M. D.
Medical Attendant.

Address 227 Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34742 ~~34742~~

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 5 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harry H. Kellogh.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 3 *Years.* 7 *Months.* 5 *Days.*

Color, White *Sex.* male.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and number. } 32 Arlington ave

Cause of Death, { First (Primary,) Ruhtla Second (Immediate,) bowels Pneumonia. 2 wks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 7th 1879

Jas. G. Kilbride M. D.
Medical Attendant.

{ *Undertaker,* Jos H. Deane
{ *Place of Business,* " cor Balto & Fremont

Address Fayette & Pace sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Boa[illegible], Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. Richard

~~*Sex,* Male or Female,~~ {cross out the word not required in this line.}

Age, 32 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} 112 Mulliken Street

Cause of Death {First, (Primary,) Typhus abdominalis
Second, (Immediate,) Marasmus

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sunday Sept 7th

Undertaker, H. W. Mears

Place of Business, 71 Gay St *Address,* 218 S. Baltimore St.

J. Shattuck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 347444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elma Maria Walz.

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 7. 3. *Years,* 6 *Months,* 11. *Days*

Color,

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Wurtemburg, Hesse Darmstadt Ger.

Duration of Residence in the City of Baltimore, 2 Years.

Place of Death, {Give street and number.} 82 Pennsylvania Ave.

Cause of Death, {First (Primary,) Melemonia,

Second (Immediate,)

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept. 7. 1879.

{*Undertaker,* Walter Immel

Place of Business, 252 W. Balto

Thos. A. Rhea M. D.
Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Bo[illegible] City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 5 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Burns.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 7 years.

Place of Death, {Give street and number} 107 E. Eager st

Cause of Death {First, (Primary,) old age

Second, (Immediate,) Cirrhosis

Duration of last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Sept 2 Block J

Undertaker, Hugh Redmond

Place of Business, 98 Eager st

Edward P. Kendrick M. D.
Medical Attendant.

Address, 137 N. Eutaw st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34746,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thos Mc Carthy Sept 6th 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos Mc Carthy

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 50 *Years,* *Months,* *Days.*

Color, Colo

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Labor

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Calvert St Bridge Ken Chapel St bet Gouge & Bralt

Cause of Death, First, (Primary,) Accidental

Second, (Immediate,) Fall

Duration of last Sickness, 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, Cemitery Holy Cross

Date of Burial, Sunday Sept 7th

Edmund R Walker M. D.
Medical Attendant.

Undertaker, M. Clark & Son

Place of Business, 6 & E Baltimore

Address, 18 S Eutaw (corner Mt P)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Peake

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 64 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Printer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and number} 38 South High St.

Cause of Death, First, (Primary.) Atheroma of Uterus

Second, (Immediate.) Cerebral Hemorrhage

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sept 9th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Jno. S. Lynch M. D.
Medical Attendant.

Address, 1 W. S. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 5, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Maurice Heany

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 124 Dolphin St.

Cause of Death {First, (Primary,) Cholera infantum

{Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Sept 6 1879

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

J. G. Keller M. D.
Medical Attendant.

Address, 71 Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, ~~Sept~~ ~~August~~ 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Thomas Bodensick

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 42 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Book Binder

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 178 Fremont St

Cause of Death, First, (Primary,) Carcinoma Omentum

Second, (Immediate,) Hemorrhage

Duration of last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, September 7th 1879

J. J. Knight M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 N. Gilmor Street Address.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Ward

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 30 *Years,* 9 *Months,* 6 *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Liverpool

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 353 Eutaw St

Cause of Death, First, (Primary.)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 2 days & six hours

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery.

Date of Burial, the 7 September

[illegible] M. D.
Medical Attendant.

Undertaker, Ernst Schuman

Place of Business, 6 Little Sharp *Address,* 6 Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3470

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24751

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Schmitt

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 60 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Stevedore

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} 93 Lancaster St.

Cause of Death, First, (Primary.) Injury of Abdomen by blow upon it

Second, (Immediate,) Shock

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Sept. 6th '79

Undertaker, M. Brown

Place of Business, 220 Eastern Ave.

Samuel C. Shaud M. D.
Medical Attendant.

Address, 8 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP. 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sep - 5 - 1879 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Adams Diamond

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, One *Years,* Five *Months,* Eighteen *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 20 S. Wolfe St.

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Exhaustion

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents

Date of Burial, Sept 7th 79

Undertaker, Mr. Crane

Place of Business, 219 Caroline

Albert B. Lyman M. D.
Medical Attendant.

Address 570 E. Baltimore St.
Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalie Terschuck

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 1 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} # 94 Lancaster St

Cause of Death, First, (Primary.) Cholera Infantum.

Second, (Immediate,)

Duration of last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

John H. Kehbergen M. D.
Medical Attendant.

Undertaker,

Place of Business,

Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34754

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George W. Edelin.

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, One Years, six Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 222 Aisquith St

Cause of Death { First, (Primary,) Meningitis. Second, (Immediate,) Eclampsia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial,

D. E. Ireland M. D.
Medical Attendant.

Undertaker, M Frey & Bro

Place of Business, Broadway & Fayette *Address,* 17 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

No. 347

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34755

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Foreman

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and number} 103 Welcome Alley - Near between Eleventh Howard

Cause of Death, {First, (Primary,) Second, (Immediate,)} Consumption

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem'y

Date of Burial, Sept 6th 1879

Undertaker, L. A. Kershner

Place of Business, Carrollton ave

Thos H Clemm M. D.
~~Medical Attendant.~~

Address, Penning Health Officer

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by C. Wehrman

(OVER.)

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept ~~Aug~~ 5th 1879 (Kimmersley)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Pearl Kimmersley

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 4 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 132 Jefferson

Cause of Death {First, (Primary,) Scarlet Fever

{Second, (Immediate,)

Duration of last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem. Wm. White

Date of Burial, Sept 7 1879 W. Whitridge M. D.

Medical Attendant.

Undertaker, Fry & Bro

Place of Business, 54 Pratt *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 5th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecilia Ann Starr

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 62. *Years,* *Months,* *Days*

Color, White.

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, All her life.

Place of Death, {Give street and number.} 190 North Fulton Ave, Tuberculer Phthisis.

Cause of Death, {First (Primary,) / Second (Immediate,)} Exhaustion.

Duration of Last Sickness, Eighteen months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery;

Date of Burial, September 7th 1879

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

Elliott M. D.
Medical Attendant.

Address, Albert Liberty Street,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 311

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Gordon

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 44 *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} No 72 Eden St

Cause of Death, First, (Primary,) Cold, Exhaustion

Second, (Immediate,) Consumption Pulmonale

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cem.

Date of Burial, Sept 7th 1879

[illegible] M. D.
Medical Attendant.

Undertaker, Wm H Dunge e

Place of Business, East Balt

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3-4759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 8 1879 BALTIMORE

Date of Death, Sept 5-th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wilson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 33 *Years,* ..... *Months,* ..... *Days.*

Color, Col

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, General House work

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Native

Place of Death, {Give street and number} 37 Walnut Al

Cause of Death, First, (Primary.) Chronic Bright's disease of Kidneys

Second, (Immediate,) Ascites

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 7 1879

W. H. Antrim M. D.
Medical Attendant.

Undertaker, W. H. Bishop & Co

Place of Business, Druid Hill

Address, 192 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3L760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Sr. Regina Mahney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* — *Months,* *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Germantown Pa

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} St Vincents Hospital

Cause of Death, {First (Primary.) Phthisis Pulmonalis
Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mt Hope Retreat Balto Co

Date of Burial, Sept 6th 1879

Undertaker, Jas P Byrne

Place of Business, 639 Front St

Alan J. Smith. *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 6. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Weits

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 79 *Years,* *Months,* ~~99~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number} 42 Preston St.

Cause of Death { First, (Primary,) Old age.
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Sept 8th 1879

Undertaker, Andrews & Hodges

Place of Business, 164 & 166 Druid Hill Ave

Manning Brown M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Carey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* 1 *Months,* 2 *Days.*

Color, White *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 18 Drake st

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, 2 & 8 months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Sept 7 1879

{*Undertaker,* James P Byrne / *Place of Business,* No 62 So Front St} *Address* 69 Canton ave

Thos H Harris M. D.
~~Medical Attendant~~
for Wm S Harrison 2nd
~~44 Park st~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 34[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34763.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fobbus Mitchell

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* 9 1/2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single.

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Nursery and Child's Hospital

Cause of Death, First, (Primary.) Mal- Nutrition

Second, (Immediate.) Teething

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 6th 1879

C. F. Brown M. D.
Medical Attendant.

Undertaker, Wm J. Tilden

Place of Business, 65 S. Eutaw St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 4h]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 34764 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 6th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ——— Coles

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* ——— *Months,* Seven *Days.*

Color, Black *Sex,* ———

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 57 Josephine Court.

Duration of Residence in the City of Baltimore, One week

Place of Death, {Give street and number.} 57 Josephine Ct.

Cause of Death, First (Primary,) Cold

Second (Immediate.) Catarh

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, [illegible] cemetery

Date of Burial, Sept 7th 1879

F. B. Gardner M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] Address 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3476 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Weber

Sex, Male or Female, {cross out the word not required in this line.} ——

Age, —— *Years,* 10 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 435 Alice Ann St Balto

Duration of Residence in the City of Baltimore, Since birth -

Place of Death, {Give street and number} 435 Alice Ann St

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Eclampsia

Duration of last Sickness, about seven week,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 8 th 1879

Undertaker, C. Eckhard

Place of Business, 269 Canton Ave

E. Jones Williams M. D.
Medical Attendant.

Address, 17 Patuxent St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

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The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 34766

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Hamelin

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number} City Hospital Res 53 E Exeter

Cause of Death, First, (Primary,) Accidental fall from scaffold of Calvert St Bridge

Second, (Immediate,) Fracture of Ribs & injury of lungs

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Sept 17th 1877

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Edmund Walker M. D.

~~Medical Attendant.~~

Address, Corner Pratt & PD

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 34767

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 7 1879 BALTIMORE

Date of Death, September 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Stuart

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, 26 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line} Single

Occupation, Iron worker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 833 North Broadway

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, — 21 days —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept. 8th 1879

Undertaker, Jno. Hickman

Place of Business, 234 N Gay St

Thomas J. Evans M.D.

Medical Attendant.

Address, 8 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 34768

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 6 " 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ezra Whitehill

Sex, Male or Female, {cross out the word not required in this line.} female

Age, ... *Years,* 8 *Months,* 20 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 119 S. Broadway

Cause of Death, First, (Primary.) Cholera infantum

Second, (Immediate,) ...

Duration of last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Eden St Hebrew (cemetery)

Date of Burial, Sept 7th 1879

Undertaker, Wm. Elau

Place of Business, 101 Gough St

C. L. Lauxé, M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adolph C. Lee

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.} Male

Age, ... *Years,* 10 *Months,* 4 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 70 Grand St

Cause of Death { First, (Primary.) Second, (Immediate,) } Cholera Infantum

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, September 8

Undertaker, H. Bean

Place of Business, 423 Aliceanna St

A. D. Crupe M. D.
Medical Attendant,

Address, 133 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 34770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lidley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 5 Hours ~~Days~~

Color, White

~~*Married*~~, *Single,* ~~*Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore Md

Duration of Residence in the City of Baltimore, 5 Hours

Place of Death, {Give street and number.} Nr 607 W. Lombard St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Premature Birth

Duration of Last Sickness, ____

All the above information should be furnished by the Physician

Place of Burial, Mt Ferry

Date of Burial, Sept 6th 1879

Undertaker, J. Blacklock

Place of Business, N. Balto

Pembroke W. Wimble M. D.
Medical Attendant

Address 523 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Letitia A Hardy

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* 1 *Months,* 14 *Days.*

Color, Black *Sex,* Female

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hagerstown Md

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 4 Richard St

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,) Collapse

Duration of Last Sickness, About Eight months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 7 1879

A G Ridgely *M. D.* Medical Attendant.

Undertaker, S W Bras

Place of Business, No 190 Eastern Av *Address* 162 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Jane Locks

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Thirty five *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeping

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co. Maryland

Duration of Residence in the City of Baltimore, Three Months

Place of Death, {Give street and number} 306 S. Eutaw St

Cause of Death First, (Primary,) Bilious Fever

Second, (Immediate,) Cerebral congestion

Duration of last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, 9/8/79

Undertaker, Wm Clare

Place of Business, Hanover St

J. L. Byers *M. D.*
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34773

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 6 / 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jamminski

Sex, Male or Female, {cross out the word not required in this line.} female

Age, *Years,* *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltr. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 18 S. Wolfe st.

Cause of Death { First, (Primary,) Meningitis
Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, N. Alpha ... | Certified, J. Geo. Davis M. D.
Date of Burial, Sept. 8th 79 | Medical Attendant.
Undertaker, M. Francis
Place of Business, 280 Canton Ave | *Address,* 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...attention of Physicians is respectfully invited to the remarks below, and the use of...

Board of Health, City of Baltimore,

Permit No. 34774

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 6th 11.30 A.M. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Theresa Fetter

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 24 N. Wolf

Cause of Death {First, (Primary,) complication of Hooping Cough Scarlet...
Second, (Immediate,) Spasms

Duration of last Sickness, Abt 3 Weeks Confined to this week only

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Sept 7th '79

James E Donelly M. D.
Medical Attendant.

Undertaker, M. Franer

Place of Business, 281 Canton Ave *Address,* 299 E Balto Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Elijah Davis

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 12 *Months,* ..... *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 149 N Chapel st

Cause of Death { First, (Primary,) Pertussis
Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Dayd Cem

Date of Burial, Sept 6, 1879

Undertaker, J W Madden

Place of Business, 335 N Howard

Wm. E. Kunkel M. D.
Medical Attendant.

Address, Broadway & Madison sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 6 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mr. Durkin

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 28 ~~29~~ *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Labourer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) For contusion of Spine Fracture of Acromion Process, of right Scapula, & right Shoulder
Second, (Immediate,) ~~Fracture of Acromion Process, of right Scapula~~

Duration of last Sickness, 18 hrs

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Sept. 7 1879

Undertaker, M. A. Dargan

Place of Business, 74 S. Broadway

David Streett M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James McGrath

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 81 *Years,* 9 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number} 87 Fillmore St

Cause of Death {First, (Primary,) Old age.

{Second, (Immediate,) Dysentery

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Sept 8 79

Undertaker, H C. Wiedefeld

Place of Business, 90 Greenmount Ave Address, 157 N. Eutaw St

Edward F. Mickler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw Woods

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 0 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} No 2 S Calvert

Cause of Death, {First, (Primary,) ..... Teeths Convulsions
Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept. 8th

Phil Rau M. D.
Medical Attendant.

Undertaker, Hercules Ross

Place of Business, 15 County St *Address,* 2 E Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 7th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Gruttard

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, Two *Years,* Six *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 261 S. Broadway Illness

Cause of Death, { First, (Primary.) Marasmus

Second, (Immediate.)

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Sept 8th 1879

Undertaker, Peter Frey

Place of Business, 41 E. Fayette St.

Wm. H. Buddell M. D.
Medical Attendant.

Address, 261 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34780

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Charles Emory Wolters~~ Sept 6th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Emory Wolters

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* 11 *Months,* 18 *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md. All of his life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 111 Madison Ave

Cause of Death, {First (Primary,) Fatty degeneration of heart.
Second (Immediate,)

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 8th Sept 25. 1879

{*Undertaker,* H. H. Jenkins & Son
Place of Business, #16 Light st.

Chas. T. Smith, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 6. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Wells

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, *Years,* 20 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} St Vincents Infant Asylum Cincinnati Ohio

Cause of Death { First, (Primary.) ; Second, (immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Pleasant Cemetery

Date of Burial, September 8th 1879

Undertaker, A M Gilmore

Place of Business, 341 Canton Ave

Mahlon Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 34782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugenia Canal

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 16 Years, *Months,* *Days.*

Color, Colored

Sex, Single

~~*Married, Single, Widow, Widower,*~~ {Cross out the words not required in this line.}

Occupation, House Girl

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 105 Sterling St

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,) Meningitis

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, Sept 8th

{*Undertaker,* Charles F Fitz

{*Place of Business,* 35 Granby St

C Hall Rutledge M. D.
Medical Attendant.

Address 137 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm George Viney

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ____ *Years,* 10 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line} ____

Occupation, ____

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 225 Pierce St.

Cause of Death, First (Primary,) Cholera Infantum Exhaustion

Second (Immediate,) Hydrocephaloid

Duration of Last Sickness, About 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 9th 79

Undertaker, [illegible]

Place of Business, [illegible]

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B

Board of Health, City of Baltimore,

Permit No. 34784

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 6th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fannie T Meany

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 386 Myrtle Avenue

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Congestion of Brain

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Dorsey's Near Relay

Date of Burial, Sept 8th 79

Geo B Reynolds M. D.
Medical Attendant.

Undertaker, Lewis & Hance

Place of Business, 350 Park Ave *Address,* 43 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 8 1879 BALTIMORE

Date of Death, Sept 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Scott

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 22 *Days.*

Color, Black

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} No 40 Hargrove Alley

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 40 Hargrove Alley

Cause of Death, {First (Primary,) Diarrhea / Second (Immediate,) Hydrocephalus

Duration of Last Sickness, I visited patient but twice It had been treated at City Hospital Dispensary

All the above Information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Sept 8. 1879

Undertaker, John C. Gordon

Place of Business, 65 East Oren

T. J. Ward M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Cohen

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 51 Mc. Elderry St.

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Chd. Shalam Cemetery

Date of Burial, Sept 8th 1879

Undertaker, Chas. Elsen

Place of Business, 101 Gough St

Francis T. Dawes M. D.
Medical Attendant,

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...r attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharina Stoffregen

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, white

~~*Married, Single,*~~ *Widow* or ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} N 121 N. Gilmor St.

Cause of Death, First, (Primary.) Medullar. Carcinoma Hepatitis

Second, (Immediate,) Cachexia

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 9-1879.

Undertaker, Nick Muller

Place of Business, 300 N. Stricker St

Henry Salzer M. D.
Medical Attendant.

Address, 165 a Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ttention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1879 BALTIMORE

CERTIEICATE OE DEATH.

Date of Death, Sept ~~August~~ 6 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Howe

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Years, 3 Months, Days.

Color, Colored

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Montgomery & Colvin

Cause of Death { First, (Primary,) Drowned during Life

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Sept 8 1879

Undertaker, C. A. Bluett

Place of Business, Granby St

M. D.

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 34789

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 8 1879 BALTIMORE

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Grady

Sex, Male or Female, {cross out the word not required in this line.} .....

Age, ... *Years,* ..... *Months,* 25 *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept. 8th 1879.

Undertaker, Matthew Cadogan

Place of Business, 228 Mulberry St *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 34790 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1879 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Sept 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. J. Osborne

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Livery Stable Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} W. Va

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 274 Linden Ave.

Cause of Death. {First (Primary,) Rheumatism Acute

{Second (Immediate,) Apoplexia from Embolism

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Calvary

Date of Burial, Sept 9th 1879

{*Undertaker.* Wm. A. Downey

{*Place of Business,* 27 E. Eutaw

L. H. Thomson M.D.
Medical Attendant.

Address. 187 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pat. Connelly

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 58 *Years,* —— *Months,* —— *Days.*

Color, White —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 8 yrs.

Place of Death, {Give street and number} City Hospital

Cause of Death {First, (Primary.) Cirrhosis of Liver

{Second, (Immediate,) Apnoea

Duration of last Sickness, 2 hrs

All the above information should be furnished by the Physician.

Place of Burial, Green Cathedral

Date of Burial, Sept 9th 79

Undertaker, [illegible]

Place of Business, 271 S. Eutaw

David Streett M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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...attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Scolly

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 341 E. Fayette st

Cause of Death {First, (Primary,) Diptheria

Second, (Immediate,) attendance 3 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery.

Date of Burial, Sept. 8. 1879

John F. Mommenée M. D.
Medical Attendant.

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway, *Address,* S. W. Calvert & Read sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Attention of Physicians is respectfully invited to the Health Law [illegible]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34793

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward L. Lemmon

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 25 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Retired Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 34 S. Broadway

Cause of Death { First, (Primary,) Chronic Bright's disease
Second, (Immediate,) Uremic Poisoning

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial Green Mt Cemetery

Date of Burial, Sept 9th 1879

Louis E. Lemmon M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway *Address,* 916 Park ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar Dickson

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* 1 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 9 Vincent alley

Cause of Death, First, (Primary,) I have not seen the deceased but am told that it died

Second, (Immediate,) of cholera Infantum

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Sept 8 1879

Undertaker, Williams & Bruns

Place of Business, No 62 East St

James Bosley M. D.
Medical Attendant.

Address, 219 Hallam St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 34795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 7. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Lenn

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* 6 *Days.*

Color, Color

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 113 Raborg St.

Cause of Death, {First (Primary,) Entertis

Second (Immediate,) 6 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Leonardtown Md

Date of Burial, Sept 8 1879

Undertaker, Wilbur Mongo

Place of Business, No 62 East Shut

J. F. Powell, M. D.
Medical Attendant.

Address 227 Cumberland Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha A Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Nine *Years,* *Months.* One *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbott County Maryland

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number.} No 72 Eutaw Street

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,)

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 8th 1879

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St

H S Bowie M. D.
Medical Attendant.

Address 175 Arlington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 8 1879 BALTIMORE

Date of Death, Sept 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Lindsay

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} Mulatto

Age, ~~—~~ *Years,* ~~—~~ *Months,* one *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 6 Brewers Alley between Shoemaker & Hoffman

Cause of Death, First, (Primary.) Asthenia

Second, (Immediate,)

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, W. Pebble St

Date of Burial, Sept 8th 1879

James Kleinschmidt M. D.
Medical Attendant.

Undertaker, Fred C. Kircher

Place of Business, S. Carrollton Av *Address,* Comm & Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined C. Wenmann

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 7 9 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Holland

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 25 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} Philadelphia Road

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) " "

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Bond Cemetery

Date of Burial, Sept 9th 1879

Undertaker. J. Wm Salt.

Place of Business, 1110 Eutaw St.

E. P. Jones M.D.
Medical Attendant.

Address. 406 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* e, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Nathaniel Edwards

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Years, 1 Months, 2 Days.

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 1 mo 2 da

Place of Death, {Give street and number} 150 Preston St

Cause of Death First, (Primary,)

Second, (Immediate,) Congestion of lungs

Duration of last Sickness, said to be, one week

All the above information should be furnished by the Physician.

Place of Burial, W. Pcb. Cemetery

Date of Burial, Sept 8 1879

Undertaker, F. A. Kerchner

Place of Business, ———

R. Winslow M. D.
Medical Attendant,

Address, 201 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

KODAK SAFE

Board of Health, City of Baltimore

Permit No. 34800

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Anderson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, Black

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 90 L. Church St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 90 L. Church St

Cause of Death {First, (Primary,) ____ Second, (Immediate,) Pneumonia

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Sept 8th

Undertaker, Owen Welty

Place of Business, 2255 Eutaw

Geo. H. Dunn M. D.
Medical Attendant.

Address, 1414 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back...

Board of Health, City of Baltimore,

Permit No. 34801

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 7th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Wallace Davidson

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, ——— *Years,* Seven *Months,* twenty four *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} # 141 N. Calhoun St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Westren Cemetery

Date of Burial, Sep 9th 1879

Undertaker, J B Cook

Place of Business, 709 West Baltimore St

I G Smithmann M. D.
Medical Attendant.

Address, # 584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 34802 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia ~~Mueller~~ Meier

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 6 Months, 4 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 131 N. Dallas St

Cause of Death, {First (Primary,) Inanition

Second (Immediate,)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mayers Run

Date of Burial, Sept. 9th 1879

Undertaker, C. Hoffman

Place of Business, Eden St

John Kenny M. D.
Medical Attendant.

Address 19 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 34803

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fill out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Ruman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 75 *Years,* 8 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Farmer & Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number} 132 & 134 E Pratt St

Cause of Death First, (Primary,) Senile Gangrene

Second, (Immediate,) ...

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Presbyterian Westminster

Date of Burial Sept 9th 1879.

Undertaker, Julius Haack

Place of Business, 12 Miller St

D. M. Cuthell M. D.
Medical Attendant.

Address, 22 Barre...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians

Board of Health, City of Baltimore

Permit No. 34804

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7th '79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Moore

Sex, Male or Female, {cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Inspector of masonry

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 3 days.

Place of Death, {Give street and number} Universal Hospital

Cause of Death {First, (Primary,) Tuberculosis pulmonum Malanial Fever

Second, (Immediate,) Cachexia

Duration of last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Govenstown Balti Co

Date of Burial, Sept 9th 1879

Undertaker, Hy W. Meads

Place of Business, 145 N Gay St

J B Bruce M. D.
Medical Attendant.

Address, Universal Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John B. D. Watts Jr.

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ~~.....~~ *Years,* ~~.....~~ *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ...

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below.

Board of Health, City of Baltimore

Permit No. 34806

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, September 8th 9 am — 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Pullman —

Sex, Male or Female, {cross out the word not required in this line.} Female —

Age, 29 — *Years,* — *Months,* — *Days.*

Color, White —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation, Wife —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} No 1 N Durham Str,

Cause of Death { First, (Primary,) Typhoid fever —
Second, (Immediate,) do — Meritus of Brain —

Duration of last Sickness, about 20 days —

All the above information should be furnished by the Physician.

Place of Burial, western cemetery

Date of Burial, September 10, 1879

Undertaker, Adam Fink

Place of Business, 461 W. Pratt. St

G. C. Johnne — M. D.
Medical Attendant.

Address, # 86 E. Fayette. Str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 34807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Kelly

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 3 Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 31 S Front St

Cause of Death, First, (Primary,) Inanition Debility

Second, (Immediate,) Spasms

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Sept 10th 1879

Undertaker, J C Byrne

Place of Business, 31 S Front St

_____ M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

Permit No. 34808

OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 9 1879 BALTIMORE

Date of Death, September 8th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Hash

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 160 Ridgely St.

Cause of Death, First, (Primary,) Cerebro Spinal Meningitis

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Sept 10th 1879

Undertaker, Spicer & Keeler

Place of Business, Mt. Clare

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 32800 — OFFICE OF REGISTRAR OF VITAL STAT...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 9 1879 BALTIMORE

Date of Death, Sept 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Carter

Sex, Male or Female, {cross out the word not required in this line.}

Age, 11 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ... 5

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Va -

Duration of Residence in the City of Baltimore, 9

Place of Death, {Give street and number} M E Church St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,) Consumption of Lungs

Duration of last Sickness, 3 hrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Green

Date of Burial, Sept 8th 1879

Undertaker, Theo. Wickes

Place of Business, 73 Jefferson

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV...]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 8 1 0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 9 1879 BALTIMORE

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, Male or Female, {cross out the word not required in this line.} [illegible]

Age, 1 *Years,* 3 *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} 182 [illegible]

Cause of Death { First, (Primary.) [illegible]
Second, (Immediate,) [illegible]

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Sept 7th 1879

M. D.
Medical Attendant.

Undertaker, Armstrong Bros

Place of Business, 262 Light St *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 34811

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ruth Spencer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One *Years,* One *Months,* Eight *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 305 Myrtle av.

Cause of Death { First, (Primary,) Dentition
Second, (Immediate,) Acute Meningitis cerebral,

Duration of last Sickness, Twenty four hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 9

Undertaker, E. H. Blizzard

Place of Business, 201 Eutaw

Lisar Baldwin M. D.
Medical Attendant.

Address, 151 Fountain st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3-1812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 8th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Schnoor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirty — *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} "

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} Rent & Baird

Cause of Death, {First (Primary,) Injuries by falling from Second (Immediate,) Scaffolding

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery D. C. Ireland M. D.

Date of Burial, Sept. 9th Medical Attendant.

Undertaker, W. Bippus

Place of Business, N. Bond st 151 *Address* Coroner. C.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below [illegible] this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34813

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Powers Jun

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Five (5) *Years,* Four (5) *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 739. N Bayst

Cause of Death First, (Primary.) Scarlatina

Second, (Immediate,) Erysipelas

Duration of last Sickness, Five (5) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Sept 9th 1879

Undertaker, Wm H Hickman

Place of Business, 234 N Gay St.

Thos Innis M. D.
Medical Attendant.

Address, 58 E Fayette Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 2d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie R. W. Collins

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number} 385 W. Lombard St

Cause of Death First, (Primary.) Cardiac Disease

Second, (Immediate,) Anasarca

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Sept 11 - 1879

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light st

Thomas Sheam M. D.
Medical Attendant.

Address, 97 N. Frank st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully called to the Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 8 1 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 7 - 1879 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Lizzie Becket

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} ~~Male~~

Age, 1 *Years,* 7 *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 330 Vine St

Cause of Death {First, (Primary,)} Measles & Whooping cough.

{Second, (Immediate,)} Convulsions.

Duration of last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Dove Street

Date of Burial, Sept 9 79

John D. King *M. D.*
Medical Attendant.

Undertaker, ~~W. Dove~~

Place of Business, ~~Undertaker~~

Address, 76 Edmondson Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Albert Loveday

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, ~~——~~ *Years,* 7 *Months,* ~~——~~ *Days.*

Color, Colored *Sex,* Male

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 133 Iceland Street,

Cause of Death, {First (Primary,) Cerebro Spinal Meningitis
Second (Immediate.) 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 9 1879

Undertaker, [illegible]

Place of Business, [illegible]

Geo. Miller M. D.
Medical Attendant.

Address 95 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Septr. 9th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jennie Grace Harper Lowe

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ——— *Years,* One *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Infant

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, All Life

Place of Death, { Give street and number } 15 N. Patterson St

Cause of Death { First, (Primary,) Diarrhoea

Second, (Immediate,) Cerebral Meningitis

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 10 1879

Undertaker, P. Kennedy

Place of Business, 317 Madison St *Address,*

D. Schmidt *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34818

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman Schmidt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, W *Sex,* M

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lab Carter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 86 Eastern Ave

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Inflammation of Stomach & rejection of all food

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Wm. Kelly M. D.

Date of Burial, Sept 10th 1879. Medical Attendant.

Undertaker, Peter Fiery Address 76 S. Exeter St.

Place of Business, 91 Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 9th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter Wm Hatfield

Sex, Male or Female, { cross out the word not required in this line. } Male.

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 6 Yrs

Place of Death, { Give street and number } 346 Ramsay St

Cause of Death { First, (Primary,) Cholera Infantum

Second, (Immediate,) Marasmus

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 10th 1879

Undertaker, S. W. Leonard & Son

Place of Business, 732 W. Baltimore St

W. McKeown M. D.
Medical Attendant.

Address, 1 McLaylto Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 34820

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Mulaney

Sex, Male or Female, {cross out the word not required in this line.}

Age, Sixty *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number} 94 Chesapeake

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,)

Duration of last Sickness, about 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Sept. 9th '79

Undertaker, M. Frame

Place of Business, 250 Canton Ave

E. Jones Williams M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 34821

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 9. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 1 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the ~~City of~~ Baltimore, Institution 9 days

Place of Death, {Give street and number} St Vincents Infant asylum

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate,) ____

Duration of last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept 10 1879

Mortuary Bureau M. D.
Medical Attendant.

Undertaker, Saml Powell

Place of Business, 13 Division St *Address,* 68 N Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta O'Neill

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 11 *Years,* 11 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany (Nuremberg)

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number} 143 N Dallas st

Cause of Death, First, (Primary.) Pneumonia Phthisis

Second, (Immediate.) Exhaustion

Duration of last Sickness, been one week

All the above information should be furnished by the Physician.

Place of Burial, N. Eutaw Cem.

Date of Burial, Sept 10th

L O Muderick M. D.
Medical Attendant.

Undertaker, H Schuchert

Place of Business, 261 E Monument

Address, 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

...he Special Attention of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34823

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 5 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hary Delany

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ... *Years,* 3 *Months,* 21 *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 267 Orleans St.

Cause of Death { First, (Primary.) Cholera Infantum
Second, (Immediate,) 7 Days.

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Asbury M. Church

Date of Burial, Sept 9 1879

Undertaker, Thurdell & Lorch

Place of Business, 73 Jefferson St

... *M. D.*
Medical Attendant.

Address, 13 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th September 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. Blake

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 25 *Days.*

Color, White ~~Sex,~~

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 200 Argyle Ave

Cause of Death, First (Primary,) Teething

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Sept 10th 1879

Undertaker, Chas. F. Scriven

Place of Business, 2711 Eutaw St

W. W. Owings M. D.
Medical Attendant.

Address 274 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physician...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Rolle

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 yrs 1 mo

Place of Death, {Give street and number} 604 West Pratt St

Cause of Death { First, (Primary.) Acute Dysentery
Second, (Immediate,)

Duration of last Sickness, two days

All the above Information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, Sept 10th 1879

Undertaker, Jas. E. Boots

Place of Business, No 707 W Baltimore street

W. H. Dr. Dunn M. D.
Medical Attendant.

Address, 152 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention [illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 8

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 8 Weeks *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 426 Lexington st

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,)

Duration of last Sickness, several days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Sept 10th 1879

J H Darby M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Balto *Address,* 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 34827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. B. Matthews

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 3 *Months,* 20 *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore ~~Life Time~~

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 244 St. Caroline St.

Cause of Death, {First (Primary.) Inanition

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, About One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Sept. 9th 1879

Undertaker, Wm. H. Hedgeman

Place of Business, 234 N. Gay St.

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit Permit No 1523

[OVER.]

The Special Attention of Physicians is respectfully invited to this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34828

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 2d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Gloyd

Sex, Male or Female, {cross out the word not required in this line.}

Age, One *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 162 Exeter st.

Cause of Death {First, (Primary,) Dentition

{Second, (Immediate,) Acute Hydrocephalus

Duration of last Sickness, About Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial. Sept 4 1879

Undertaker, John C. Gosden

Place of Business, 63 Park Ave *Address,*

L. Lotze *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Ann Jones

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, ~~col~~

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Stirling 88

Cause of Death, First, (Primary,) Cerebritis

Second, (Immediate,) Consumption Exhaustion

Duration of last Sickness, One weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 10th

E. G. Baldwin M. D.
Medical Attendant.

Undertaker, Graham Wynn

Place of Business, 13 Saratoga St

Address, 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Silas Fenton

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 28 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 5 N. Wolf St near Madison St

Cause of Death, {First, (Primary.) Consumption
Second, (Immediate,)

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Bloody St. Cemetery

Date of Burial, Sept 10 1879 Thos A Clemens M. D.

Undertaker, A. Waymouth

Place of Business, Saratoga St. *Address,* Aisquith & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E. Waymouth

(OVER)

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M Bloch

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 68 – *Years,* 9 *Months,* 7 *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~. {Cross out the words not required in this line.} Widow

~~Occupation~~,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 303 East Gough st

Cause of Death, {First (Primary,) Cerebral disease of the Heart

{Second (Immediate,) – Dropsy –

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemtry

Date of Burial, Sept 11th

Undertaker, H. Frechtick

Place of Business, 246 Eastern Av

Thomas J. Evans, M.D.
Medical Attendant.

Address. 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3c/832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Joseph Murphy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* ten *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 S. Whalcroft St. Corner

Cause of Death, {First (Primary,) / Second (Immediate,)}

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 10th

Undertaker, Geo. Baffram

Place of Business, 121 Penna Ave

Wm. W. Murray M. D.
Medical Attendant.

Address 808 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Burial Permit

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34833

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mary Thomas

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* ~~One~~ *Months,* sixteen *Days.*

Color, Black

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, one month sixteen days

Place of Death, {Give street and number.} 5 Cedar Row.

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, W Pub. Cem. C M Barnes

Date of Burial, Sept 10 1879 *M. D.* Medical Attendant.

{*Undertaker,* J. A. Kerchner

Place of Business, Carrollton av} *Address* #90 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34834

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 8, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles A. Keegan

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, —— *Years,* Ten *Months,* Five *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 384 E. Madison St.

Cause of Death, First, (Primary.) ——

Second, (Immediate.) Cholera Infantum

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Sept. 10 1879

Undertaker, ——

Place of Business, ——

Wm H Clendinen *M. D.*
Medical Attendant.

Address, No. 102 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

No. 04523

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 10 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Cuss

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 5 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States if of foreign birth. } B. City

Duration of Residence in the City of Baltimore, 5 days

Place of Death, { Give street and number } 298 S. Charles

Cause of Death, { First, (Primary.) Convulsions

Second, (Immediate,) 1 day

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, Sept 10th

R. H. Fuller M. D.

Medical Attendant.

Undertaker, C. A. Pabst

Place of Business, 13 Hanover St. Balt.

Address.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Jervis

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 8 *Years,* 10 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 70 Battery Av.

Cause of Death {First, (Primary,) Croup.
Second, (Immediate,)

Duration of last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 10th 1879

Undertaker, Timothy Dennis

Place of Business, 263 Light St

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 S. Sharp St.

HEALTH DEPARTMENT SEP 10 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician [illegible] attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the facts can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Richard Willing

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 33 *Years,* 9 *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Can Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} E. S. Md. Rochester Co

Duration of Residence in the City of Baltimore, 30 Yrs

Place of Death, {Give street and number} 305 S Hanover St

Cause of Death {First, (Primary.) Chronic Bronchitis
Second, (Immediate,) 6 Days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 10th 1879

Undertaker, Armstrong & Denny

Place of Business, 203 Light St

Geo. N. Dunn M. D.
Medical Attendant,

Address, 305 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 24838

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 24838

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Adams

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Tailoress

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Salisbury Somerset County Md

Duration of Residence in the City of Baltimore, Her life time

Place of Death, {Give street and number} 42 X Gough

Cause of Death, First, (Primary) Paralysis

Second, (Immediate)

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Mount Comal

Date of Burial, Sep. 10. 1879.

Undertaker, J. D. Rawlings

Place of Business, 97 Orleans

Peter E. Elliott M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34839

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugo Wolff

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 1 *Years,* 6 *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} W Fayette Street 254

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Weakness

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Alfonsus Church Cemetery

Date of Burial, 10 September

Undertaker, Mr. F Toane

Place of Business, 60 Fenno's Baltimore

W. F Reinhard M. D.

Medical Attendant.

Address, 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34840

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9th Sept. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Pfaff

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All her Life

Place of Death, {Give street and number.} 312 E. Baltimore St.

Cause of Death, {First (Primary,) Diarrhoea, Complication with Catarrh of Lungs

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 11th 79

Undertaker, George Schilling

Place of Business, 45 Holland & Lynn

E. F. Bons M.D.

Medical Attendant.

Address. 406 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Penfield Lee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* 1 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lyme Pennsylvania

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 46 East Chase St

Cause of Death, {First (Primary,) Chronic Bronchitis
Second (Immediate,) Asthenia

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 11th 79

{*Undertaker,* George Schilling
{*Place of Business,* Ashland Lyman

Geo H Shoemaker *M. D.*
Medical Attendant.

Address S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 348142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Mackin

Sex, Male or Female, {cross out the word not required in this line.}

Age, 24 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 257 Franklin

Cause of Death { First, (Primary.) Pulmonary Consumption
, { Second, (Immediate,)

Duration of last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, ~~Sept 10th 1879~~

Undertaker, P. Kennedy

Place of Business, 317 Madison Av

Edwd. F. Michael M. D.
Medical Attendant.

Address, 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 348443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 9 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Johnson

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt Md

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } 79 Eden Lane

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) ____

Duration of last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street

Date of Burial, Sept 10th 80

R. K. Kuser M. D.
Medical Attendant.

Undertaker, Harris 2033

Place of Business, 25 Hanover St

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maud McWilliams

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* ____ *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 45 E. Washington Street

Cause of Death, { First, (Primary,) Marasmus

{ Second, (Immediate,) ____

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sept 10th 1879

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

Samuel D. Shaw M. D.
Medical Attendant.

Address, 65 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 348115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 9. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane DeBaufre.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 18 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 156 N. Hoff St.

Cause of Death, First (Primary,) ...

Second (Immediate,) Acute Cerebral Meningitis.

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Sept 12th 1879

Undertaker, Denny & Mitchell

Place of Business, 63 S. Broadway

L. E. Gordon, *M. D.*
Medical Attendant.

Address 211 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...e Special Attention of ... ...s Certificate.

Board of Health, City of Baltimore.

Permit No. 34846 | OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Capt Peter Harding

Sex, Male or Female, {cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Ship Broker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Mass

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number} 48. Spring St. (Spring Row)

Cause of Death {First, (Primary,) Apoplexy

{Second, (Immediate,)

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, South Dennis, Mass

Date of Burial, Sept. 11. 1879

Undertaker, H A Daiger

Place of Business, 94 S. Broadway

Edwd F. Melcholeus M. D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1824 Fran

[OVER.]

The Special Attention of Physicians is respectfully invited to the Rules [illegible] of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 1. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanch Potter

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~10~~ *Years,* *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 313 Druid

Cause of Death {First, (Primary,) Premature Labor

{Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters'

Date of Burial, Sept 2 1879

Louis C. Hahn M. D.
Medical Attendant.

Undertaker, Jno E. Ellenbeth

Place of Business, Mother of Penn Ave *Address,* 22 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2848

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32818

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Coates

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 9 *Months,* ~~—~~ *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 127 Chestnut alley near Chilton Ave

Cause of Death, First, (Primary.) Teething

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 11th 1879 James A Steuart M. D.

~~Medical Attendant.~~

Undertaker, P Kummer

Place of Business, Medbury St *Address,* Permit of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by E. Wenman [over.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4 Sept

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. H. Dickson

Sex, Male ~~or Female~~, {cross out the word not required in this line.} M

Age, 1 *Years.* 8 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 117 N. Durham St

Cause of Death { First, (Primary.) Hooping Cough

Second, (Immediate,) 24 Days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Sept 10 1879

J. W. Spence M. D.
Medical Attendant.

Undertaker, W. M. Duncan

Place of Business, East St

Address, 137 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34850

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1877

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Barry,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years.* *Months.* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Porter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 14 Rock st

Cause of Death, { First (Primary,) Chronic Bronchitis
Second (Immediate,) " "

Duration of Last Sickness, Unwell for 6 mo, But confined to bed 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetary

Date of Burial, Sept 11th 1877

John Dennington M. D.
Medical Attendant.

{ *Undertaker,* J. P. Cook
{ *Place of Business,* 107 W. Baltimore St *Address* 98 N Greene st,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of [illegible] this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert M. Christian

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 20 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md (Balto City)

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 5c 46 Canal Alley

Cause of Death {First, (Primary,) Consumption

{Second, (Immediate,)

Duration of last Sickness, 7 Months

All the above Information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, September 11th

Chas Fawcett *M. D.*
Medical Attendant.

Undertaker, James Gray

Place of Business, 25 Wilberry st *Address,* 52 Hudson st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 6 8 5 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cassie Boykin Edmondson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 12 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 49 North Eden Ave

Cause of Death, First, (Primary.) Typhoid Fever,

Second, (Immediate,) Cerebral Effusion,

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Sept 12th 1879

C. H. Jones *M. D.*
Medical Attendant.

Undertaker, Lemmon Hillshaw

Place of Business, 53 & 61 Fayette St *Address.* 53 & 61 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Keegan

Sex, Male or Female, {cross out the word not required in this line.}

Age, 58 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 210 Hudson St

Cause of Death, First, (Primary,) Bilious Remittent Fever

Second, (Immediate,)

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, September 11th 1879

E J Williams M. D.
Medical Attendant.

Undertaker, M. A. Gilmore

Place of Business, [illegible] *Address,* 17 Patterson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24854

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Bradford

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 20 *Years,* —— *Months,* —— *Days.*

Color, col

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Miner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co.

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number} No 1 Butchers Court

Cause of Death {First, (Primary,) Typhoid Malarial Fever — Second, (Immediate,) Collapse

Duration of last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Potters Anne Arundel Co

Date of Burial, Sept 11

A Abel Coleburn M. D.
Medical Attendant.

Undertaker, J H Cook

Place of Business, 707 West Baltimore *Address,* 335 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Francis Sc

Special Attention of ... to the Items as below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 11 1879 BALTIMORE

Date of Death, Sept 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Luke Dunn

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 44 Marsh Market Space

Cause of Death, {First, (Primary,) Child was dying when I first saw} {Second, (Immediate,) which was only a short while before death}

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sept 10 1879

Geo R Reynolds M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 Hanover St *Address,* 443 N. Caurert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DUCKETT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 11 1879 BALTIMORE

Date of Death, September 9 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabeth Weinberger

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 79 *Years,* 5 *Months,* 2 *Days.*

Color, White *Sex,*

Married, ~~Single,~~ Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} N. Eutaw # 98.

Cause of Death, First (Primary,) Debility of old age

Second (Immediate,) Paralysis of the brain

Duration of Last Sickness, has been sickly for years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept 11th 1879

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St *Address*

C H Pick M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 34857

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 9 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Edward Dorsey

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Seven *Years,* Six *Months,* Three *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} 60 & 88 N. Dallas St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Sept 11th 1879

Jno A Mc Lennan *M. D.*
Medical Attendant.

Undertaker, Mc Kay & Sons

Place of Business, Uptown

Address, No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Schader

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 45 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Engineer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number} No 89 Burk St

Cause of Death, First, (Primary,) Cancer of the Liver

Second, (Immediate,)

Duration of last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Sept. 12th '79

Undertaker, Wm. Evans

Place of Business, 28 Centre Ave

Wm. Thomas J. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Rules and Regulations on the Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha P Penly

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 38 — *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 256 Durham st

Cause of Death, First, (Primary,) Hemorrhage of the bowels

Second, (Immediate,)

Duration of last Sickness, Six hours

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem.

Date of Burial, Sept. 11th '79

Undertaker, [illegible]

Place of Business, [illegible]

Thomas P. Evans M. D.
Medical Attendant.

Address, 12 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34860

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 10th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Louise Sims

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 23 *Months,* *Days.*

Color, White

Married, Single, Widow or ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 410 Pine ave. Carlton Sanit.

Cause of Death { First, (Primary.) Cholera Infantum
Second, (Immediate.) Eight days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 11th 1879

Undertaker, Andrew Fitz

Place of Business, 118 Lanvale St.

Louis C. Horn *M. D.*
Medical Attendant.

Address, 296 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 34861

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 10th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Eckhardt

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Years, Two (2) Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Old City since Birth

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 27 E Pratt & Jerry St

Cause of Death { First, (Primary,) Congenital Syphilis

Second, (Immediate,) Marasmus since birth

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ft Lincoln Cemetery

Date of Burial, Sept 11th 79

Undertaker, C Rooney

Place of Business, 77 Exchange St. *Address,*

Wesson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 10 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Waltzer

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, Five *Years,* ten *Months,* twenty Nine *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country. (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 102 N. Caroline St

Cause of Death, First, (Primary) Diphtheria

Second, (Immediate)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, September 11 1879 Wm H. Glendinning, M. D.
Medical Attendant.

Undertaker, Henry Nash

Place of Business, 369 N. Eutaw St *Address,* No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34863

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Heinlein

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number} No. 18 Smith St.

Cause of Death, First, (Primary.) Fibrous degeneration of Kidneys was only cause revealed by autopsy.

Second, (Immediate.) Coma

Duration of last Sickness, about 14 months—

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept. 11 1879

Undertaker, Walter Izzard

Place of Business, 252 W. Biddle

Chas. Van Bibber M. D.
Medical Attendant.
For W. C. Van Bibber M.D.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1864

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Wolf,

Sex, Male ~~or Female~~. {Cross out the words not required in this line.}

Age, 3 *Years,* 5 *Months,* 6 *Days*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Child

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ashstein, Germany

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} 25 North St.

Cause of Death, {First (Primary,)} Hydrocephalus of Brain

{Second (Immediate,)} 3 Months,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery,

Date of Burial, 13th September, afternoon,

Undertaker, Henry Mayer,

Place of Business, 106 N. Howard St,

Wm. J. Mayer M. D.
Medical Attendant.

Address. City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32865

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William McGlaine,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White Sex,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Banker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, And of his life

Place of Death, {Give street and number.} Park St Balto Md

Cause of Death, {First (Primary,) Numerous Brights Disease,

{Second (Immediate,) Apoplexy,

Duration of Last Sickness, Twenty two hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Sept 13/79

Undertaker, H Kennedy Son

Place of Business, 92 W Hamilton *Address*

Henry Smith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Landman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 57 N. Schroeder St

Cause of Death First, (Primary.) Malignant Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, Only eight hours.

All the above Information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Sep. 12 1879

Undertaker, A. W. Jenkins & Son

Place of Business, 16 Light St.

John Duff M. D.
Medical Attendant.

Address, 508 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Septr 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno Ward

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, — *Years,* — 10 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, 10 mo

Place of Death, {Give street and number.} 128 Ridgeley St.

Cause of Death, {First (Primary.) Pertussis

Second (Immediate.) Seven Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sept 11 Th 1879

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts

R. E. Lee M.D.
Medical Attendant.

Address, Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 1 8 6 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 10th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaretha Metz

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 44 *Years,* *Months,* 7 *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Twenty three years

Place of Death, { Give street and number. } Knox Alley near 34

Cause of Death, { First (Primary,) Hypertrophy of heart
Second (Immediate,) Dropsy

Duration of Last Sickness, A few her last, days before the death.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Mans Run

Date of Burial, Sept 11 1879

M. D.
Medical Attendant.

Undertaker, P. Kennedy

Place of Business, 317 Hurlburt St *Address* 219 W. Fourth St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...e Special Attention of ... ...rtificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 11 1879 BALTIMORE

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Sept 12 1879

..... *M. D.*
Medical Attendant.

Undertaker, C. Waynedue

Place of Business, ... *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 11. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ambrose Helfrich

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months,* 12 *Days.*

Color, White *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Schroeder street

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} 75 Pierce st -

Cause of Death, First (Primary,) Diptheria

Second (Immediate.) "

Duration of Last Sickness, Five days -

All the above information should be furnished by the Physician.

Place of Burial, Alpharetta Cemetery E. H. Holbrook - *M. D.*

Date of Burial, Sept 12th 1879 Medical Attendant.

Undertaker, D. Kummer

Place of Business, 111 Mulberry St *Address* Home Sp. Free Dispensary (25 N. Green st -)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Th[illegible] Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Simon Sayers S. of Wm & Jane

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 5 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } B. City

Duration of Residence in the City of Baltimore, 5 days

Place of Death, { Give street and number } 15 Bond St

Cause of Death, { First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Ohel Shalom ~~Hebrew Cemetery~~

Date of Burial, Sept 12th 1879

Undertaker, Wm Kellam

Place of Business, Gough St

~~Chas Schreiber~~ M. D.

Medical Attendant.

~~Wm E Lauer~~

Address, 315 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1879

CERTIFICATE OF DEATH.

Date of Death, Sept. 11. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Elizabeth W. Haines,

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, white

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 213 Constitution St.

Cause of Death {First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, seven months

All the above information should be furnished by the Physician.

Place of Burial, Mount Comel

Date of Burial, Sept 13 1879

G. G. Luck M. D.
Medical Attendant.

Undertaker, Danny Mutchett

Place of Business, *Address,* Balt & Mad. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bar[illegible]ertificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34873

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, September 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A Lloyd

Sex, Male or Female, {cross out the word not required in this line.}

Age, Sixty four *Years,* Three *Months,* Five *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Gentleman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 194 E Pratt St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,)

Duration of last Sickness, Twelve months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, [illegible] 1879

[illegible] M. D.
Medical Attendant.

Undertaker,

Place of Business, [illegible] *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Special Attention of Physicians is respectfully invited to the Remarks below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH SEP 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Bond

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~ *Years,* 2 *Months,* *Days.*

Color, w colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 54 Milliman

Cause of Death, First, (Primary.) Accidental Dose of Medicine

Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, *M. D.*

Medical Attendant.

Undertaker,

Place of Business, *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 12 1879 BALTIMORE

Date of Death, Sept 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willis Guy

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 38 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and number} Basin near Locust Point

Cause of Death, First, (Primary.) Accidentally

Second, (Immediate,) Drowned

Duration of last Sickness, Sure

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept. 12

Undertaker, Hercules Coffin

Place of Business, 954 N. Wash't

R. C. Lee M. D.
~~Medical Attendant~~ Coroner S. D.

Address, Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Jackson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 23 *Months,* ____ *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 15 Booth st

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Inmediate,)

Duration of last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shark's Cemetery

Date of Burial, September 12

Undertaker, Hall & Sons

Place of Business, 1540 Mad Ave

H Darby M. D.
Medical Attendant.

Address, 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34877

The Physician who attended any person in s last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Wasmuth

Sex, Male or Female, {cross out the word not required in this line.}

Age, Years, 6 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No. 28 Lemon

Cause of Death First, (Primary.) Gastro Intestinal Irritation

Second, (Immediate,) Cerebral Effusion

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Sept. 13th 1879

Undertaker, Wm. Heilmeyer

Place of Business, [illegible] Balto

D. P. Holmead M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Schaefer,

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 7 *Years,* 8 *Months,* 17 *Days*

Color, White.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, All his life.

Place of Death, {Give street and number.} 14. N. Schroeder St.

Cause of Death, {First (Primary,) Malarial Poisoning of Blood, & Anasarca,

Second (Immediate,) 8 Months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, September 13th 1879.

{*Undertaker,* Adam Heidemeyer

{*Place of Business,* 518 W. Baltimore St.

Thos. L. Pitcher M.D.
Medical Attendant.

Address, City,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Carroll

Sex, Male or Female, {cross out the word not required in this line.}

Age, 19 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 109 N Howard
Hebrews Palmer

Cause of Death, First, (Primary.) ____
Second, (Immediate,) Icterus

Duration of last Sickness, 12 mos

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, 13th Sept 1879

Undertaker, H. Deutsch Son

Place of Business, 16 Light St

F. E. Shattuck M. D.
Medical Attendant.

Address, 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 13 1879

CERTIFICATE OF DEATH.

Date of Death, Sept 12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Allgire

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 87 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Lady

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, About 60 years

Place of Death, {Give street and number} Residence of Alex. J. White # 24 St. Louis st

Cause of Death, First, (Primary,) Suppression of Urine Exhaustion

Second, (Immediate,) Paralysis of Heart

Duration of last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 14th Sept. 1879

Undertaker, J. W. Jenkins & Son

Place of Business, 16 Light St.

J. H. Buxton M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 13 1879

CERTIFICATE OF DEATH.

Date of Death, September 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Catharine Cronmiller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 81 *Years,* — *Months,* — *Days.*

Color, White *Sex,* female

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 152 W. Lombard St

Cause of Death, {First (Primary,) Inflammation of Stomach & bowels

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt.

Date of Burial, 14th Sept. 1879

Undertaker, H. McJenkins & Son

Place of Business, 16 Light St. *Address*

D. H. Butler *M. D.*
Medical Attendant.
144 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 13 1879 BALTIMORE

Date of Death, September 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Johnson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, About 75 Years, Months, Days.

Color, Black

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Laboner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, For a number of Years

Place of Death, {Give street and number} 144 Lyon Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthma

Duration of last Sickness, Very ill for two weeks, but complaining for years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 13th 1879

J. Yingling M. D.
Medical Attendant.

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St Address, 63 George Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna R Heany

Sex, ~~Male or Female,~~ {cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 124 Dolphin St.

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Sept 14th 1879

Undertaker, Chas T Sexton

Place of Business, 271 E Eutaw St

J G Keller *M. D.*
Medical Attendant.

Address, 89 N Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24884

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 14th 1879

..... *M. D.*
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 658 Broadway *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully called to the

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cullan

Sex, Male or Female, {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 48

Place of Death, {Give street and number} 21 Orchard St

Cause of Death, First, (Primary.) Apoplexy Paralysis

Second, (Immediate,)

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Nov Cem^{y}

Date of Burial, Sept 14th 1879

Undertaker, Jos H Byrne

Place of Business, 74 n Liberty St

J J Knight M. D.
Medical Attendant.

Address, Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, September 14 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel A. Davis

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 214 Aisquith Street

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, He Died Where Attended for a few days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 14th 1879

Fred'k A. H. Hillary M. D.
Medical Attendant.

{*Undertaker,* Wm H. Workman

{*Place of Business,* 284 W. Lay St. *Address* Broadway & Eastend.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3c4887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13 September 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louise Richter.

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 2 *Years,* 3 *Months,* 5 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 2 years & 3 months

Place of Death, {Give street and number.} Conway St 128

Cause of Death. First (Primary,) Diphtheritis

Second (Immediate,) Paralysis of heart

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 14 September

Undertaker, Friele

Place of Business, Fourth Street

L. F. Reinhard M. D.
Medical Attendant.

Address, 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th Sept 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Roache

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* ~~Months,~~ ~~Days.~~

Color, White *Sex,*

~~Married, Single, Widow~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, 11 yrs

Place of Death, {Give street and number.} 111 Dorsey St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, About a year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, September 12th 1879

Undertaker, John Thacher

Place of Business, No 160 Camden St

M. D.
Medical Attendant.

Address Park & Eutaw Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health. City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. Sexton,

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, *Years,* 19 *Months,* 11 *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Baltr Clr

Birthplace, {State or country (and how long in United States, if of foreign birth.)} all his life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 132 Conway St.

Cause of Death, {First (Primary.) Pneumonia, Second (Immediate.)}

Duration of Last Sickness, 35 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, Sept 14th 1879

Undertaker, John S Meeches

Place of Business, 150 Lemmon St

John S. Ritchie M.D.
Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8-1890

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. Joseph A. L. Lentz

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Forty Six *Years,* Eight *Months,* Twenty *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No. 66 N. Broadway

Cause of Death, First, (Primary,) ——

Second, (Immediate,) Consumption

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Md Oliver Cemetery

Date of Burial, Sept 14th 1879

Wm H Lundrum M. D.
Medical Attendant.

Undertaker, Fry & Tro

Place of Business, 54 N Broadway

Address, No. 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 1891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 13 1879 BALTIMORE

Date of Death, Feb. 12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nicolaus William Wilms

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 22 *Days.*

Color, White

~~*Married,*~~ *Single, Widow or Widower.* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland (Baltimore)

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 392 Orleans St.

Cause of Death, First (Primary) Typhoid fever

Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, St Mary's Cemetery

Date of Burial, 14th Feb 1879

Undertaker, L. Lefler

Place of Business, [illegible]

Albert B. Lyman M. D.
Medical Attendant.

Address 375 E. Baltimore St. Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 13 1879 BALTIMORE

Date of Death, Sept 12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Graham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Half year *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cabin John Md

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and number.} 63 Plum Alley 1st Ward 4th Precinct

Cause of Death, First (Primary,) Chronic Colitis

Second (Immediate,) Haemorrhage & exhaustion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 14

Undertaker, Hercules Hoss

Place of Business, 95 Conway St *Address*

Bro A Pumphrey M. D.
Medical Attendant.
68 S Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 13 1879 BALTIMORE

Date of Death, Septr. 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Mary E. Barnes

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 3 hours *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 3 hours

Place of Death, {Give street and number} 86 Burgundy Al

Cause of Death, First, (Primary.) Premature Labor

Second, (Immediate,) Debility

Duration of last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 13 1879

Undertaker, S. N. Evans

Place of Business, 198 Howard St

R. C. Lee M. D.
Medical Attendant.
Carroll Co. Md.

Address, Hanover Barracks

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 10/79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Smith alias Evans

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 23 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line} Dont Know

Occupation, Convict

Birthplace, {State or country (and how long in United States, if of foreign birth.)} dont Know

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) Brain / Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial, September 12

Undertaker, Fabian & Mullin

Place of Business,

J M. Booth Boyle M. D.
Medical Attendant.

Address, 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 11. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Hopkins

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White.

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 years.

Place of Death, {Give street and number} 73 N. Johnson St.

Cause of Death, {First, (Primary,) Congestive Fever.
Second, (Immediate,)

Duration of last Sickness, Two (2) days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 13

Undertaker, F B Cook

Place of Business, 707 W. Balto St

D. L. Dietrich M. D.
Medical Attendant.

Address, 319 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willard Roy Wilson

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 384 Orleans St.

Cause of Death { First, (Primary.) Cholera Infantum
Second, (Immediate,) .....

Duration of last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Lot Church Yard

Date of Burial, September 13

H. Collenburg, M. D.
Medical Attendant,

Undertaker, John Kenney

Place of Business, 352 Orleans St *Address,* 357 Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Lane

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 9 Webb St.

Cause of Death, First, (Primary,) Malformation

Second, (Immediate,) Exanition

Duration of last Sickness, 13 Days.

All the above information should be furnished by the Physician.

Place of Burial, Ft. Catharines Cem

Date of Burial, Sept. 14th 1879

Edwin B. Fenby M. D.
Medical Attendant.

Undertaker, Geo. Schulers

Place of Business, Monument & Angel *Address,* 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 8 9 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 13 1879 BALTIMORE

Date of Death, Sept. 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hodges

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 20 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 934 East av.

Cause of Death {First, (Primary,) ..... Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial. September 14th 1879 W. O. Mansfield M. D.
Medical Attendant.

Undertaker, H. & H. Gilmeyer

Place of Business, 341 Canton Ave. *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE SEP 13 1879

Date of Death, Sept 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Myers

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 7 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Orleans St near Forrest St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 81 East St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 13th 1879

Undertaker, Abraham Rayner

Place of Business, Saratoga

Geo. H. Shallow M.D.
Medical Attendant.

Address, 18 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 13 1879 BALTIMORE

Date of Death, Sept. 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard W. Lloyd

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 157 S. Washington St.

Cause of Death { First, (Primary.) Congestion of Brain
Second, (Immediate,) 5 days

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St. Mathews Cemetery

Date of Burial, 14th Sept

R. W. Mansfield M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 665 Broadway *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 34901

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ephraim Francis

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 82 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, Cecld

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Balle Co Md

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, { Give street and number } 59 Booth St

Cause of Death, { First, (Primary.) { Second, (Immediate.) old age

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Sharps St. Cem

Date of Burial, Sept 14th 879

Undertaker, C W M Bruce

Place of Business, Eut St

Address, Comm of Health & Registrar

M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd by E Weiman Asst.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edw Granger (Father

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, { First (Primary.) / Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Sept 13th 1879

{ *Undertaker,* Chas T Scriven
{ *Place of Business,* 271 N Eutaw St *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on t

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31903

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hannaman Baker

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Thirty Six *Years.* *Months.* Twelve *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Seamstress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Montgomery Co. Md.

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number} 265 Fayette Ave. bet. Monroe & Pulaski

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) Exhaustion

Duration of last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 15th

Undertaker, [illegible]

Place of Business, [illegible] *Address,* [illegible]

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 34904

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 13 1879 BALTIMORE

Date of Death, Sept 13th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Lane

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 49 *Years,* — *Months,* — *Days.*

Color, White -

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer -

Birthplace, { State or country, and how long in the United States if of foreign birth. } Ireland -

Duration of Residence in the City of Baltimore, 16 years -

Place of Death, { Give street and number } 95 Lombard St -

Cause of Death, { First, (Primary.) Typhoid Fever - Second, (Immediate,) Abdominal Hemorrhage

Duration of last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Ct Pleasant Cemetery

Date of Burial, Sept. 14 1879

Undertaker, J.E.C. Sullivan

Place of Business, 121 Penna Ave.

Wm Tell Bibb M. D.
Medical Attendant.

Address, 44 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

For Special Attention of [illegible]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 13 1897 BALTIMORE

Date of Death, September 13 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lee Ingleman Butler

Sex, Male or Female, {cross out the word not required in this line.}

Age, 50 *Years.* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Frederick Ave cor of Monroe St

Cause of Death First, (Primary,) Intemperance, Chronic, Acdemia

Second, (Immediate,) Pulmonary

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 15th 1897

Undertaker, J. H. Leonard & Son

Place of Business, 752 W Baltimore

T. Regan M. D.
Medical Attendant.

Address, Middle & Calvert Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 34906

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Diggs

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, _____ *Years,* _____ *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, _____

Birthplace, {State or country, and how long in the United States if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 202 West St

Cause of Death, First, (Primary) _____

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 14 R M Hall M. D.

Medical Attendant.

Undertaker, Chas Ross

Place of Business, 94 Dugan Ave *Address,* 202 West St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Arnold

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt-y

Duration of Residence in the City of Baltimore, City

Place of Death, {Give street and number} No 208 E Chase St

Cause of Death First, (Primary.) Cadet. Fever

Second, (Immediate,) Oedema of the Lungs.

Duration of last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Balto Co

Date of Burial. Sept 14

Undertaker, by Bro

Place of Business, 512 Broadway

Wm Whitridge M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Hanna

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 241 South St

Cause of Death First, (Primary,) Scarlatina followed by Typhoid Fever

Second, (Immediate,) Ulceration of and perforation of Intestines

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Sept 14th 1879

Theodore Cook M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Harper & Cross's *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin H. Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 10 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 635 Penna Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Child only seen once on the 20th Aug: at my office, evidently tuberculous but the immediate cause of death not known

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Chas E Sadtler M. D.

Date of Burial, September 15th 76 Medical Attendant

Undertaker, Wm James Gray *Address* 649 Penna Ave

Place of Business, 53 Wilberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 9 4 0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Hennyan
Malthuchen

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 59 Hennetta St

Cause of Death, First, (Primary,) Remittent Fever
Second, (Immediate,) Convulsions

Duration of last Sickness, 16 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Sept 15th 1879

Undertaker, Armstrong Denny

Place of Business, 263 Eight St

H. B. Noble M. D.
Medical Attendant.

Address, 17 Harrow av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Caroline Starke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 5 N. Eden St

Cause of Death, { First (Primary,) Softening of brain

Second (Immediate,) Perforation Intestines

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 15. 1894.

{ *Undertaker,* Henry Meyer

{ *Place of Business,* 106 N. Howard St. *Address* 220 Lexington Ave

C. R. Pope *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health. City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charley Linder

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 10 *Months,* *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 135 N. Bond st

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cem.

Date of Burial, Sept 13 1879

P. L. Reese M. D.
Medical Attendant.

Undertaker, H. Bertinetti

Place of Business, 3 N. Eden st

Address, Broadway & Fredrick

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34913

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Bratton

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 19 Richmond Pl

Cause of Death { First, (Primary.) Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem. Co.

Date of Burial, Sept 14 1879

M. D.
Medical Attendant.

Undertaker, J. B. Hartle

Place of Business, 19 N. Eight St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 12. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph L. Doyle

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 9 N. High St.

Cause of Death { First, (Primary,) Dickitis.
Second, (Immediate,)

Duration of last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Sept 14th 1879

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

L. N. Hook M. D.
Medical Attendant.

Address, 75 E. Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Wadsworth Kirwan

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 168 William

Cause of Death {First, (Primary,) Lockjaw

Second, (Immediate,) 2 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cimetery

Date of Burial, 15 Sep. 1879

Undertaker, Ph. S. Dill.

Place of Business, 183 Columbia ave

R. J. N. Tall M. D.
Medical Attendant.

Address, 15 E. Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 34916

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 13th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Nichols

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, — *Years,* — *Months,* 12 ~~Days~~.

Color, White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 3160 Lee ~~Street~~ near Lombard

Cause of Death, { First, (Primary.) — / Second, (Immediate,) Convulsions

Duration of last Sickness, Last Night

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept. 14th 1879

Undertaker, J. H. Blackistan

Place of Business, 606 W. Baltimore

J. Ridgely Rider M. D.
Medical Attendant.

Address, 1216 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. MURRAY, CITY PRINTER AND STATIONER.

[over]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis H. Frank

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 215 Thorpe St

Cause of Death { First, (Primary,) Second, (Immediate,) Imperfect Closure of Intestinal Canal

Duration of last Sickness, Since Birth

All the above Information should be furnished by the Physician.

Place of Burial, Arundel County

Date of Burial, Sept 14th 1879

Undertaker, Julius Koehler

Place of Business, Harper & Cross St. *Address,* 120 Hanover St

Aaron Estes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Granted Permit No 15276

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 13

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Ann Coleman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 46 *Years.* *Months.* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 18 South Spring St

Cause of Death { First, (Primary.) Inflammation of Pleura
Second, (Immediate,) Asthenia

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 15th

Undertaker,

Place of Business, 151 Lombard St *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 34919

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 13 / 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Zelinowski

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 2 *Years,* 4 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltv City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 13 Alternate st.

Cause of Death {First, (Primary,) Diptheria

{Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Hedwigs Cem.

Date of Burial, Sept. 17th 79

Undertaker, Mr. Graves

Place of Business, 290 Eastern Ave

C. Gen. Dawson M. D.
Medical Attendant.

Address, 271 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Army

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 43 *Years,* 6 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 325 E. Pratt St.

Cause of Death {First, (Primary,) Pneumonia Exhaustion from Malarial Cachexia

{Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa

Date of Burial, Sept. 15. 1899

Undertaker, H. A. Saiger

Place of Business, 94 S. Broadway *Address,* 116 Bath St.

Samuel C. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Grant Permit No 1527

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12th Sept 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Barnes

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ 3 *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All Life

Place of Death, {Give street and number} Princess alley No 2

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Pneumonia

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem — 2 H.R. Pier No 7

Date of Burial, Sept 14th 1879 — [illegible] *M. D.*

Medical Attendant.

Undertaker, Wm H Dunger

Place of Business, 62 East Pr — *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF ~~DEATH~~.

Date of Death, Sept 14, 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Herman Schutter

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 2 *Years,* 7 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } # 1 Calverton Road

Cause of Death, { First, (Primary.) Inflammation of Brain
Second, (Immediate,) Convulsions

Duration of last Sickness, 7 or 8 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Sept 16

Undertaker, John D Faulus

Place of Business, No. 66 Frederick

H. H. Smith M. D.
Medical Attendant.

Address, 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 34923

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Wilhelmina Hentle

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

~~Color~~,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 419 E. Eager St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of last Sickness, Three days & half

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Sept. 15th 1879

Undertaker, Adam Fink

Place of Business, 461 N. Gay St.

J. J. White, M. D.
Medical Attendant.

Address, 241 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 1st. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Alop,

Sex, Male or Female, {Cross out the word not required in this line.} Male,

Age, Years. 11 Months. Days.

Color, Negro — *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Captain st. Balt. City,

Duration of Residence in the City of Baltimore, During life,

Place of Death, {Give street and number.} 210 Chestnut Alley,

Cause of Death, First (Primary,) Marasmus —

Second (Immediate,) Dysentery,

Duration of Last Sickness, During life,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Tuesday 16th 1879

{*Undertaker,* Geo Gaffney

{*Place of Business,* 121 Bond Ave.

J. L. Ryle M. D.
Medical Attendant.

Address 217 Lawale st —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Burke

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 68 Years, 11 Months, 5 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria, Germany, 49 years

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 25 So Eutaw St,

Cause of Death, First (Primary,) Syncope

Second (Immediate,) Fatty degeneration of Heart about 2 mos

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Sept 15th 1879

Undertaker, Ph. Seuald

Place of Business, 35 S. Eutaw St *Address* 18 So Eutaw St.

D. Wm Walls M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary & John Schuerer

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} Parents

Age, ——— *Years,* ——— *Months,* 15 Months *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 28 Woodyear Pl

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Cyanosis

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Balto City

Date of Burial, Sept 15th 1879

Undertaker, Wm E Chenoweth

Place of Business, Penn Ave

James H Lemmon M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by C. Heinman

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. M. Pinheiro

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 45 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. 45 yrs.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} City Hospital

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Asphyxia (Heart clot, pressing on pneumonia)

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery

Date of Burial, Sept 15th 1879

Undertaker, Wm Stocktipdale

Place of Business, 343 Light St

Daniel Buell M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully called to the Instructions on the back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 13/77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry ~~Boden~~ Broughton

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 50 Years. *Months,* *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Saloon Keeper

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 137 East av.

Cause of Death { First, (Primary.) Typhoid Fever
Second, (Immediate,)

Duration of last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 15th

Undertaker, F. N. Hall

Place of Business, #131 Aisquith *Address,* 117 E. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 15 1879 BALTIMORE

Date of Death, September 14 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Keser

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 78 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Tailor

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Darmstadt Germany

Duration of Residence in the City of Baltimore, 46

Place of Death, { Give street and number } 264 Argyle Ave.

Cause of Death, First, (Primary.) Bronchytes

Second, (Immediate,) Chronic

Duration of last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Sept 16

this 13. 1879 M. D.

Medical Attendant.

Undertaker, Walter Immel

Place of Business, 252 W. Biddle St *Address,* 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 34930

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 13

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Mutzemann

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 75 *Years,* one *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, and how long in the United States if of foreign birth.} Germany / Ovenbach

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number} 271 Caton Av.

Cause of Death, First, (Primary) Intermittent Fever / terminating with typhoid character

Second, (Immediate,) Exhaustion

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, September 15th

L. A. Winternitz M. D.
Medical Attendant.

Undertaker, Oscar Eckhart

Place of Business, 269 Caton Av. *Address,* Edens

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Sherwood

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary.) Opium Poisoning
Second, (Immediate,) Nervous Asthenia.

Duration of last Sickness, 56 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, 15th Sept 1879

Undertaker, J. J. Thacher

Place of Business, Park & Fayette

David Smith M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 6: 14th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Stengel

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 45 *Years,* ~~Months~~, ~~Days.~~

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, Store-Keeper & formerly a Cooper

Birthplace, {State or country, and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty-Six (26) Years

Place of Death, {Give street and number} S. W. Cor of E. Eager St & Sterling

Cause of Death, First, (Primary) Phthesis Pulmonalis

Second, (immediate,) Hemorrhage from Lungs

Duration of last Sickness, About 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, Sept 16 1879

Undertaker, Geo. Keck

Place of Business, 89 E. Eager St.

Jno. N. Cannan M. D.
Medical Attendant.

Address, 318 Aisquith St 86

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 13/79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Wright

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, Probably 90 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Kent County Md.

Duration of Residence in the City of Baltimore, Twenty-five years

Place of Death, {Give street and number} 93 Lee St.

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Old age

Duration of last Sickness, Indefinate

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Sept 15 1879

Undertaker, [illegible]

Place of Business, [illegible]

W. H. Thompson, M. D.
Medical Attendant.

Address, 41 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(over.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 9 3 4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Green

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 5 *Years,* 11 *Months,* 23 *Days.*

Color, ~~ed~~

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 90 N. Amity St.

Cause of Death First, (Primary,) Malignant Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, Four days -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 15th 1879

Undertaker, S. W. Edmondson

Place of Business, 190 & How'd 621

John Iff M. D.
Medical Attendant.

Address, 555 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cordelia P. Brewer

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 24 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~Single,~~ ~~Widow~~ *or* ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 53 Josephine St.

Cause of Death First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial Sept 15 1879

Undertaker, S M Ebaugh

Place of Business 198 S Howard St *Address,*

F P Keller *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 18 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Giles

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 32 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Convict

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dont Know

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) Consumption / Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. S. Cemetery

Date of Burial, September 13

Undertaker, Patrick Mullin

Place of Business,

Chas Brook Byrd M. D.
Medical Attendant.

Address, 115 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Yeakel

Sex, Male or Female, {cross out the word not required in this line.}

Age, \ *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} B City

Duration of Residence in the City of Baltimore, (illegible)

Place of Death, {Give street and number} 36 Gilston St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Consumption

Duration of last Sickness, 1 mt

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Sept 15th 1879

R. H. Ellis *M. D.*
Medical Attendant.

Undertaker, J. F. Manuelle

Place of Business, 83 Population *Address,* 315 E Pr St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 34938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Spriggs

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 4 *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Balto. Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 14 Jenkins Al.

Cause of Death, {First (Primary.) Scarlatina

{Second (Immediate.) Uraemia

Duration of Last Sickness, At last 2 weeks.

All the above information should be furnished by the Physician

Place of Burial, New Cathedral

Date of Burial, Sept 16 1879

{*Undertaker,* P. Kennard

{*Place of Business,* Holliday St

Eldridge C. Price M. D.
Medical Attendant

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellie Gne.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 11½ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery and Child's Hospital

Cause of Death, First, (Primary,) Mal-Nutrition

Second, (Immediate,)

Duration of last Sickness, 5½ Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Sept 15th

H. A. Brown M. D.
Medical Attendant.

Undertaker, ____

Place of Business, ____ *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 9 4 0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 12th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. Walter Carroll

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* 8 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Nursery & Childs Hospital

Cause of Death, First, (Primary.) Erysipelas

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Londen Park

Date of Burial, Sept 15

C. F. Brau, M. D.
Medical Attendant.

Undertaker,

Place of Business, [illegible] *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Last Page of Discussion Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 14th, '79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Scully

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 341 E. Fayette St.

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,)

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial Holy Cross Cemetery

Date of Burial, Sep. 15, 1879

Undertaker, H. A. Dayer

Place of Business, 74 S. Broadway

John F. Loomis M. D.
Medical Attendant.

Address, S. W. Calvert & Redwood

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemty

Date of Burial, Sept 15th ..... M. D.

Medical Attendant.

Undertaker, H. Trockbich

Place of Business, 246 Eastern Av *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4 7 1 1 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 13th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie B. Grant

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* . . . *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 229 E. Lombard St.

Cause of Death { First, (Primary.) Intest. Catarrh
, { Second, (Immediate,) Exhaustion

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, September 15th 1897

James E. Donnelly M. D.
Medical Attendant.

Undertaker, H. M. Schmeyer

Place of Business, 341 Canton Ave | *Address,* 229 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34,948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Williams

Sex, Male or Female, {cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Corner State & Aisquith st

Cause of Death { First, (Primary,) Consumption of Lungs
Second, (Immediate,) 3 months duration

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West Public Cemetery

Date of Burial, Aug 13 1879

Undertaker, Fred C. Lechner

Place of Business, 50 S. Carrollton Ave *Address,*

Geo C. Robinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 34945

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emeline Craig.

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Light St. 349

Cause of Death {First, (Primary.) Second, (Immediate.)} Phthisis Pulmonalis. 12 Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Sept 16 1879

Undertaker, A. Fishwick

Place of Business, 263 Light

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Stiles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY LAW BLANK AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 15th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida F. Michael.

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 2 Scott St.

Cause of Death { First, (Primary.) Phthisis Pulmonalis.
Second, (Immediate,) 8 months.

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 16th 79. 3 P.M.

Undertaker, Armstrong & Denny

Place of Business, Light & Montgomery Sts. *Address,* 152 Sharp St.

R. J. N. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Stourne

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queen Anns County Md

Duration of Residence in the City of Baltimore, 64 yrs

Place of Death, {Give street and number} 180 Dugan's Ct

Cause of Death First, (Primary.) Organic Disease of Heart

Second, (Immediate,) General Dropsy

Duration of last Sickness, 2 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Sept 16 1879

Undertaker, Lunsford & Bartlett

Place of Business, 21 East 3d *Address,* [illegible]

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 34948,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Morris

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 21 *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Point Lane between Aisquith St & Gunther

Cause of Death, First, (Primary.)

Second, (Immediate.) Spasms

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem'y

Date of Burial, Sept 15th 1879 James A Steuart M. D.

Undertaker, D. Mullen

Place of Business, ——— *Address,* Corner Wolfe & Bregenbaugh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract by E. Wenman (over.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

SEP 15 1894

Date of Death, Sunday Sept 14th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Bertha Brautz

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 25 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} # 172 S. Bond St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Mount Carmel Cem.

Date of Burial, September Sept 16

Undertaker, J. Eiffel

Place of Business, 1 S. Bond St.

Thos. E. Bauer M. D.
Medical Attendant.

Address, 7 E. Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 15 1879

CERTIFICATE OF DEATH.

Date of Death, 14th Sept 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wolf

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, × *Years,* Six *Months,* × *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ×

Occupation, ×

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during whole life time

Place of Death, {Give street and number} 160 George Street

Cause of Death {First, (Primary,) artificial nursing
Second, (Immediate,) Exhaustion during whole life

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fells Pt Meth Cemetery

Date of Burial, Sept 16 1879

Undertaker, William Eilbeck

Place of Business, 1st Lough St

C. D. Friedenwald M. D.
Medical Attendant.

Address, 88 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 15. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Francis Thomas Helpick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Eight *Years,* 11 *Months,* *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Woodberry, Md.

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} 75 Pierce st.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Septicemia

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St Agnes Cemetery E. A. Balto Co

Date of Burial, September 16th 1879

E. A. Balto Co — M. D.
Medical Attendant.

Undertaker, P. Kummert

Place of Business, 317 Bulbery St Address Hom. Free Dispensary 25 N. Green st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 1st 1870

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charlotte Long

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 12 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, { Give street and number } 230 N Kirk St

Cause of Death, { First, (Primary,) Cerebro Spinal Inflamation
Second, (Immediate,)

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 2 Sept 1870

Undertaker, Geo L Locke

Place of Business, 73 Jefferson St

E Cidney Andre M. D.
Medical Attendant.

Address, 121 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Thomas Beall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 10 Days.

Color, White *Sex,*

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore & Balto

Duration of Residence in the City of Baltimore, ten days

Place of Death, {Give street and number.} Barnum St — Baltimore

Cause of Death, First (Primary,) from Closure of foramen Ovale

Second (Immediate,) Cyanosis

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Buried, Green Mount Cemetery

Date of Burial, Sept 16th 1879

Undertaker, H W Jenkinson *Address*

Place of Business, 16 Light st

A Court Smith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34954

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Glishman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} (27 yrs. in U.S.) Ireland

Duration of Residence in the City of Baltimore, 27 yrs.

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Chronic Dysentery
Second, (Immediate,) Asthenia

Duration of last Sickness, 7 weeks

All the above Information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, Sept 16 1879

Undertaker, James F. Byrne

Place of Business, No 63 N Front St

David Shuck M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34955

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmira G [illegible] Hissey

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 9 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 116 West Street

Cause of Death, First, (Primary) Inanition

Second, (Immediate,) Marasmus

Duration of last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Sept 17 1879

Undertaker, Armstrong & Brune

Place of Business, 263 Light St

Z. L. Riley M. D.
Medical Attendant.

Address, 153 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 13th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Claudine O Gray

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 13 *Years,* 8 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Her Life

Place of Death, {Give street and number} St Pelers (Prot Sys) Orphan Asylum Myrtle Ave

Cause of Death, First, (Primary.) Mitral regurgitation + Hypertrophy of heart

Second, (Immediate,) Cardiac Dropsy + Pulmonary Edema

Duration of last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 16

Edmund Rowalker M. D.
Medical Attendant.

Undertaker, E McElligott

Place of Business, 179 Pratt *Address,* 183 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Creagh

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Late merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Nearly [illegible]

Place of Death, {Give street and number} 200 N. Bridden St

Cause of Death {First, (Primary.)} Age

{Second, (Immediate,)} Paralysis

Duration of last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, September 1879

Chas. O'Donovan. M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph McKenna

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Years, 1 Months, 9 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 124 Druid Hill & Union

Cause of Death { First, (Primary.) Malnutrition
Second, (Immediate,) Asthenia

Duration of last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, September 16th 1879

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw

F E Shatard M. D.
Medical Attendant.

Address, 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 34959

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Dabry

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 27 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number} 269 Alice Ann

Cause of Death {First, (Primary,) Stone burning of the root of body
Second, (Immediate,) Confinement; Exhaustion

Duration of last Sickness, 11 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept. 16th 79

Undertaker, Conrad Schuh

Place of Business, 265 Alice Ann

Flathen M. D.
Medical Attendant.

Address, 245 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 4960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Anne Dorsey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Libby town Pendleton Co Ky

Duration of Residence in the City of Baltimore, One Month

Place of Death, {Give street and number.} # 85 Harper St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery Chas. Ramsay *M. D.*

Medical Attendant.

Date of Burial, Sept 17th 1879

Undertaker, Wm. James Gray *Address* 1529 W Baltimore St

Place of Business, 65 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Reverse Side

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Geyer

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Penn

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} 97 Stiles St

Cause of Death, First, (Primary,) Progressive General Paralysis

Second, (Immediate,)

Duration of last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Sept 16th 1879

Undertaker, J. B. Harris

Place of Business, 150 Canton

L. Hinney M. D.
Medical Attendant.

Address, 26 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T Lord

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 42 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, machinist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 413 Fremont Ave Phthisis Pulmonalis

Cause of Death, First, (Primary.)

Second, (Immediate,)

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 15th of Sept

Undertaker, F. A. Croll

Place of Business, 121 E Lanvale St Balto

James Bolen M. D.
Medical Attendant.

Address, 719 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotta Bowen

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* 4 th *Months,* ——— *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 220 E. Balt St

Cause of Death { First, (Primary,) ——— Second, (Immediate,) Acute Hydrocephalus

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Quincy Florida

Date of Burial, Sept 19th 1879

Undertaker, Wm H. McMahan

Place of Business, 234 Balt St

D. F. Boyd M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Jan 1879

[OVER.]

No. 34964

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 34964

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Norman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 209 Eastern Av.

Cause of Death, First, (Primary.)

Second, (Immediate,) Membranous Croup

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, [illegible]

Aug. F. Eyster M. D.
Medical Attendant.

Undertaker, Fred Goetz

Place of Business, 29 S. Caroline

Address, 24 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Catharine Finselbinger

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, between 4 & 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 19 Orleans St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 19 Orleans

Cause of Death {First, (Primary,) Second, (Immediate,)} Ul Injury

Duration of last Sickness, Have no knowledge

All the above Information should be furnished by the Physician.

Place of Burial, St. Asylum

Date of Burial, Sept 17th 1879

{*Undertaker,* Leland Fink / *Place of Business,* 461 N. Gay St}

Seen after previous to death by Gust. Wagner M. D. Medical Attendant. The parents by the Child was attended by Dr. Russel

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 34966

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 34966

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 16th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis Walter Hoekman

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 4 *Months,* 2 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } No 612 N. Washington Ave

Cause of Death, { First, (Primary.) Dentition

Second, (Immediate.)

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Sept 19th 1879

Undertaker, H. C. Wedefeld

Place of Business, Gun Mt Ave

W. W. Watts M. D.
Medical Attendant.

Address, 612 N Washington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Bailey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years.* *Months.* *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Brooklyn Md.

Duration of Residence in the City of Baltimore, not known

Place of Death, {Give street and number.} Home of Aged M. E. Church for Franklin & Stricker Sts

Cause of Death, First (Primary,) Old age, debility

Second (Immediate,) Cerebral hemorrhage

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Sept. 17th 1879

Undertaker, John L Machen

Place of Business, Deceased Caretaker *Address* 234 W. Fayette St

J. R. Miller *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death. September 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Bedford

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, Colord

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation, Washer and Ironer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Talbot near Baltimore county

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} No 449 McKelday Ln

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Forth point

Date of Burial, Sept 16th 1879

Undertaker. Wm. A. Duncan

Place of Business, No 62 East St

M. D.

Medical Attendant.

Address, 1036 Davis

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 / 969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16 - 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Devine

Sex, Male or Female, {cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 191 Preston St

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate,) Paralysis

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, September 18th 1879 E Preston M. D.

Medical Attendant.

Undertaker, Andrew Lutz

Place of Business, 11 S Druid Hill Ave *Address,* 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th Sept 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Somerville Keane Christopher

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 2 *Years,* 10 *Months,* 8 *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto - Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } #23 Bartlett St

Cause of Death { First, (Primary.) Pulmonary Oedema

Second, (Immediate.)

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Wayne county

Date of Burial, Sept 17

Undertaker, F P Cook

Place of Business, 707 W Pratt

Geo H. Dyer M. D.
Medical Attendant.

Address, 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 16 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Cahill

Sex, Male or Female, { cross out the word not required in this line. } Fem

Age, ____ *Years.* 6 *Months.* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 17 Adams St

Cause of Death { First, (Primary.) ____ Second, (Immediate,) Tuberculosis Meningitis

Duration of last Sickness, 4 Wks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Sept 17th

Undertaker, Henry Boiel

Place of Business, Pennsylvania Ave & Mt St

Thomas Cahill M. D.
Medical Attendant.

Address, 17 Adams St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Suburn

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Seven *Years,* *Months,* Fifteen *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} 137 S. York Street

Cause of Death {First, (Primary,) Spinal Meningitis
Second, (Immediate,) Cerebral Congestion

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 17 1879

Undertaker, Hercules Rose

Place of Business, Conway St *Address,* 14 Hill St

J. A. Dyer *M. D.*
Medical Attendant.

SEP 17 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 16, 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Loughlin

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, School Teacher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City, Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 70 S. Fremont St.

Cause of Death {First, (Primary,) Consumption of Lungs
Second, (Immediate,) Hemorrhage of the Lungs,

Duration of last Sickness, Has been under treatment at intervals for the last three years.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, September 18th

Undertaker, W. Clarke & Sons

Place of Business, 64 E Baltimore

John F. Lawrence M. D.
Medical Attendant.

Address, S.W. Cor Mott & Read sts.

HEALTH DEPARTMENT SEP 17 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Accompanying Circular.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Hoffman

Sex, Male or Female, {cross out the word not required in this line.} .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 631 Hanover St

Cause of Death { First, (Primary,) Debility Infantum
Second, (Immediate,) .....

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 17th 1879

Undertaker, John B. Blacklow & Co

Place of Business, 606 W. Baltimore

M. D.
Medical Attendant.

Address. .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 044170

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 21975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Adams.

Sex, Male or Female, {cross out the word not required in this line.} - Male -

Age, - 61 - *Years,* - - - *Months,* - - - *Days.*

Color, - Colored -

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Caroline County Md

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number} No 223 Durham St

Cause of Death, First, (Primary.) Albuminuria

Second, (Immediate,) Paralysis

Duration of last Sickness, - Six Months -

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cem

Date of Burial, Sept 17th 79

Undertaker, Wm C Sicks

Place of Business, 73 Jefferson St

Thomas A. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. [OVER.]

FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ..... Joseph Johnson

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cem

Date of Burial, Sept 17th 1870 ..... *M. D.*

Medical Attendant.

Undertaker, Woodward Hearse Co

Place of Business, 70 Jefferson *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FI

No. 34911

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 16. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Flavia Estella Bush

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* 9 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Living Life

Place of Death, {Give street and number} 1196 E. Madison St

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,) Apnoea

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 18th

Geo. A. Hartman M. D.
Medical Attendant.

Undertaker, Wm. A. Whitelung

Place of Business, ____ *Address,* 305 N. Carrollton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER}

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health. City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 17 1877 BALTIMORE

Date of Death. Sept. 16, 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Crandall

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 64 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation, Coach Painter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number.} 242 Paca St.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) Several yrs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Sept 18th 1877

{*Undertaker.* H B Lord

Place of Business, 1707 W Baltimore Street} *Address.*

John Hood *M. D.*

Medical Attendant.

Address. 242 W. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 34979

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 17th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minnie McInerney

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* ____ 2 *Months,* ____ 17 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 202 Eastern Ave

Cause of Death, { First, (Primary.) ____ Second, (Immediate.) Acute Meningitis

Duration of last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 18 Sept

Chas. F. Enoch M. D.
Medical Attendant.

Undertaker, Fred Foard

Place of Business, 29 Eastern Ave

Address, 9th & Boundary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

THOS. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17 Sept

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. Dorsey Gale

Sex, Male or Female, {cross out the word not required in this line.} male

Age, Nineteen *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 3 Asylum Ave

Cause of Death, First, (Primary.) Tuberculosis

Second, (Immediate,) Lung & Bowels

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Thursday Sept 18 1879

F. H. Wallace M. D.
Medical Attendant.

Undertaker, Wm Deacon

Place of Business, 202 N. Eutaw

Address, Balt. 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 34981

Board of Health, City of Baltimore,

Permit No. 34981

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Nisbet

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 24 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brick maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 24 Years.

Place of Death, {Give street and number} 60 Wyeth St.

Cause of Death, {First, (Primary,) .....

{Second, (Immediate,) Typhoid Fever.

Duration of last Sickness, Ten (10) days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept. 18th 1879.

Undertaker, Adam Reidenauer

Place of Business, 518 E. Baltimore St

H. P. Spencer M. D.
Medical Attendant.

Address, 79 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to those on the Reverse Side.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 18 1879

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 918 Orleans

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Shawsheen

Date of Burial, September 17

Undertaker, Hercules Boyd

Place of Business, 95 Monument St

Rich'd Cole M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 34983

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Harvey Kerr

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Twenty five *Years,* Two *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Book Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} No. 25 South High Street

Cause of Death, First, (Primary.) Severe colds

Second, (Immediate,) Consumption

Duration of last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 19th 1879

Undertaker, Gilbert & Hodges

Place of Business, No 476 Druid Hill Ave

Milton N. Taylor M. D.
Medical Attendant.

Address, Druid Hill & McCulloh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 34984

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 34984

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 13 1879

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Smith

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 26 *Years,* ____ *Months,* ____ *Days.*

Color, col

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Lancaster Virginia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} Mount [illegible] Ken Douglas and Low ~~Frost~~ side

Cause of Death, First, (Primary.) Childbed Prolonged Labor ep hem

Second, (Immediate.) tion Child unsuccessful

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Ever Green

Date of Burial, Sept 18 1879

E. L. Baldwin M. D.
Medical Attendant.

Undertaker, Abraham Wayman

Place of Business, No 13 Saratoga

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 34985 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 19 1879

CERTIFICATE OF DEATH.

Date of Death, September 17. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Kinsley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, her entire life

Place of Death, {Give street and number.} 90 Hill st

Cause of Death, {First (Primary,) Acute Colic / Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, About six months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, September 19/1879

Undertaker, Kinsley & Denny

Place of Business, Light St Road Montg Sts Address 64 N Paca St Balto

M. McNamara M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 24986

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Young.

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 63 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Waiter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Sussex County

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 140 S Forest St

Cause of Death { First, (Primary.) Consumption

{ Second, (Immediate,)

Duration of last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, Sept 15. 1879

{ *Undertaker,* William H Lingo

{ *Place of Business,* 62 East St

Geo H. Wagon M. D.
Medical Attendant.

Address, 1118 Fairmount St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 17 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Salaman Boley

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ... *Years,* 17 *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 21 Hampstead L

Cause of Death { First, (Primary.) Diptheria
Second, (Immediate,) ...

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Sept 18th 1879

Undertaker, Wm. A. Dunger

Place of Business, 10 69. East st

J. A. Gupt. M. D.
Medical Attendant.

Address, 137 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 17 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm E. Brown

Sex, Male or Female, {cross out the word not required in this line.}

Age, 38 *Years,* 6 *Months,* 3 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Engineer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} 353 Lombard St

Cause of Death { First, (Primary,) ; Second, (Immediate,) Hypochondria

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 19 1879

Undertaker, P Diamond

Place of Business, Mulberry St *Address,* 146 Diamond

Known to me M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 24729

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 324989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 18 1919 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 17th 1919

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathaniel Melchior

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 67 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years, lately resident of Wilmington Delaware

Place of Death, {Give street and number} N 217 N. Central Avenue

Cause of Death, First, (Primary.) Lymphatic Leukaemia,

Second, (Immediate,) intercurrent Pneumonia

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurelwood Baltimore Co. Md.

Date of Burial, Sept 18th

Undertaker, F. A. Tisdale

Place of Business, 1301 Hanover St *Address,* 165 W Lombard St

Henry Salzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 17

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Sarah Blumenthal

Sex, Male or Female, { cross out the word not required in this line. }

Age, 50 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 271 Cor Hamilla & Charles St

Cause of Death, First, (Primary.) Cancer of Uterus

Second, (Immediate,)

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Holmes Cemetery

Date of Burial, Sept 19th 1879

Undertaker, Wm Cibau

Place of Business, 101 Gough St

J J Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 34991

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Septemba 17th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Sekla[illegible]ser

Sex, ~~Male or~~ Female, { cross out the word not required in this line. } Female

Age, — *Years,* — *Months,* 14 — *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ { Cross out the word not required in this line. }

~~Occupation,~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } No 541 Gay St

Cause of Death, First, (Primary,) Trismus Nascentium

Second, (Immediate,) "

Duration of last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Sept 19th '79

Thomas D. Evans M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 21 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 17 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Pence

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 4 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 4 Mo 4 days

Place of Death, {Give street and number.} 1°104 Dudley alley

Cause of Death, {First (Primary,) Convulsions

{Second (Immediate,) Congestion

Duration of Last Sickness, Three Hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 18

Wm D McLaughlin M. D.
Medical Attendant.

{*Undertaker,* J B Ould

{*Place of Business,* 707 W Balto St Address 1°763 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 24993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sep: 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen D Snead

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Lady —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomac Co Virginia

Duration of Residence in the City of Baltimore, Temporary — returning home from Va Springs - via Balto

Place of Death, {Give street and number.} No 107 N Charles St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Accomack co. Va. Dr. W. Snead M.D.

Date of Burial, Sep 18 1879 Medical Attendant.

Undertaker, C. W. Blizzard *Address* 87 Franklin St

Place of Business, 179 Penn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1530

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th Sept 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alvey Harford Colley

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, ——— *Years.* ——— *Months.* 8 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 288 Hollins St

Cause of Death { First, (Primary.) Congestion Lungs
Second, (Immediate,) 24 hours

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept. 19th 1879

Undertaker, Adam Heidenreich

Place of Business, 518 W. Baltimore St.

Geo H Dyer M. D.
Medical Attendant.

Address, Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Pilson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 24 *Years,* *Months,* *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number.} 5 Bridge Alley Rear Calvert St.

Cause of Death, {First (Primary,) Exhaustion / Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Grave

Date of Burial, Sept 19th 1879

Undertaker, Theodore Locke

Place of Business, 73 Jefferson *Address* 5 Bridge Alley

C. Wilson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 15, 1879,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie F. Heinlein

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 132 Townsend St.

Cause of Death First, (Primary,) ...

Second, (Immediate,) Marasmus.

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept. 19

Geo C Upshur M. D.
Medical Attendant.

Undertaker, Walter Dimmit

Place of Business, 262 W. Pratt *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 34997

...is respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 17, 1899.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wm. Waltjen

Sex, Male or ~~Female~~, {cross out the word not required in this line.} male

Age, ____ *Years,* Sixteen *Months,* Eleven *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No. 104 N. Caroline St.

Cause of Death, First, (Primary.)

Second, (Immediate,) Diphtheria

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Forest Hill Cem.

Date of Burial, Sept 19 1899

Wm H. Chadwick, M. D.
Medical Attendant.

Undertaker, Young Son

Place of Business, 24 N. Caroline

Address, 1116 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 34995

...respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Henkel

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 6 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Fox Lanvale St near Regnitt

Cause of Death, First, (Primary.) Enterocolitis

Second, (Immediate,)

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, Sept 21 1879

Undertaker, Henry Hecht

Place of Business, 309 Central Ave

E. B. Fenby M. D.
Medical Attendant.

Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

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No. 34999

...spectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 10 1879

CERTIFICATE OF DEATH.

Date of Death, Sept. 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Steigenwald

~~*Son, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 20 May Street

Cause of Death First, (Primary.) Carcinoma ventriculi

Second, (Immediate,) Marasmus

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

C. Harrison M. D.
Medical Attendant.

Address, 245 S. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3[illegible]

...invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 18 1879 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Howard Starr

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* 9 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 153 S. Collington Ave

Cause of Death, First, (Primary.) Erysipelas

Second, (Immediate,) Pyaemia

Duration of last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Sept 21st 1879

Undertaker, Lemmy & Mitchell

Place of Business, 655 Broadway *Address,* 655 Broadway

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.